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SAN FRANCISCO MENTAL HEALTH BOARD

SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO

1380 Howard Street, Suite 510
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(415) 255-3474 fax: 255-3760
mhb@igc.org
www.ci.sf.ca.us/mental_health

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1/10/01
canceled

1/27/01
annual
retreat

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THE MENTAL HEALTH BOARD MEETING

Agenda

FOR WEDNESDAY, JANUARY 10, 2001

IS CANCELED.

Instead the Board will be holding its Annual Retreat
from 9 a.m. to 4 p.m.
on Saturday, January 27, 2001
at the Hotel Nikko
at 222 Mason Street
San Francisco

No final votes will be taken on any action items at the Retreat. All issues arising at the Retreat which require a vote of the Board will be placed on the agenda for the regular meeting of the Board on February 14, 2001. For further information, please call the office at 255-3474.

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UNADOPTED MINUTES
Mental Health Board Annual Retreat

Saturday, January 27, 2001, 9:00 a.m.
Nikko Hotel
222 Mason Street
San Francisco, CA 94102

BOARD MEMBERS PRESENT: Jim Beauford, Ph.D. (Chair); Tim Agar; Bridgett Brown; April Martin Chartrand; Renee Deger; Marushka France; Peggy Gilleran, J.D.; Pat Harrison; Toye Moses, Ph.D.; Mickey Shipley; Lora Traveler; Chet Villalba; Kate Walker.

BOARD MEMBERS ON LEAVE: Andrea Leung, L.C.S.W., A.C.S.W.

BOARD MEMBERS ABSENT: Brian Peagler.

PRESENTERS:
Jackie Minor, City Attorney's Office
Sue Bierman, former Supervisor of the City & County of San Francisco, former member of the Mental Health Board

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Rich Snowdon (MHB Administrator).

1. WELCOME AND INTRODUCTIONS

Dr. Beauford welcomed everyone to the Annual Retreat and outlined the work for the day.

2. COMMUNITY BUILDING

Mr. Agar led the Board in an exercise for acknowledging individual Board members strengths and talents and how those could contribute to the work of the Board.

The following qualities were among those identified as being of use to individual Board members and the Board as a whole: ability to question and listen, ability to advocate, ability to take action, focusing on agenda and practicing good time management, objectivity and seeing the other side, community awareness, looking for ways to agree with people with whom you have basic disagreements, tolerance, diplomacy, tenacity, mission focused, political artists, passionate commitment, knowledge and insight, empathy, persistence, and communication

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3. THE SUNSHINE ORDINANCE AND THE MENTAL HEALTH BOARD

Ms. Minor reviewed the overall purpose and philosophy of San Francisco's Sunshine Ordinance. She reviewed the key points of the ordinance. She then answered specific questions from Board members regarding both the ordinance and other open meeting laws.

MHB staff will review all aspects of the activities and operations of the Board to make sure they are in compliance with the Sunshine Ordinance and other open meeting laws.

4. WORKING WITH THE BOARD OF SUPERVISORS

Ms. Bierman answered questions from Board members about the most effective way to work with the Board of Supervisors which is the appointing body for the Mental Health Board. Special focus was placed on the make up of the new Board of Supervisors following the December election.

Mr. Villalba: As I was listening to you, I identified a few qualities I want to acknowledge. You are a person of great integrity, with an incredible sense of honesty. You have a tenaciousness that never ends and a passionate commitment to people in this city. You have empathy, fairness, and flexibility. Above all you are a good and caring person and we really appreciate that.

Dr. Beauford: We appreciate so much your long-term dedication to San Francisco, and your dedication to the issue of mental health. We appreciate how you've given of your time and energy and how you've always been receptive to any questions we've had for you.

So today we want to present you with this award:

The Mental Health Board of San Francisco
presents its very first
Lifetime Achievement Award
to
Supervisor Sue Bierman
For making mental health services your top priority in budget negotiations,
and for your unfailing commitment to serving the people of San Francisco,
especially those most in need.
We are so proud to have you on our Board,
and are so thankful for our partnership with you.
We will keep you in our hearts always.

ADDITIONAL AWARDS

Dr. Beauford presented a certificate of appreciation to Renee Deger for her two years of Board Service. Her current term will end on January 31, 2001, and she is not applying for reappointment due to other commitments in her life.

Dr. Beauford also presented a certificate of appreciation to Dr. Toye Moses for his 6 and a half years of service to the Board. He has served two consecutive terms and cannot be reappointed.

5. MENTAL HEALTH BOARD GOALS AND PRIORITIES FOR 2001

The following suggestions for Board priorities were sent in ahead of the Retreat by members of the Board:

CHILDREN'S ISSUES
Making the system more user friendly for children and their families.
Continuing to develop in-home, wrap-around, and early detection services.
Developing more family member involvement.
Keeping updated about what's happening in children's services.
Mental health assessment and treatment services at YGC; Project Impact.
Implement school mental health programs.
Education and training for effective parenting.
Advocate for a Parents Bill of Rights

FAMILY ISSUES
Making the system more user friendly to families of adult clients, and developing more services for them.

THE ELDERLY MENTALLY ILL
Making sure this population is being served appropriately.

HOMELESS MENTALLY ILL
Integrating funding streams and services from different departments and agencies to better serve the homeless mentally ill.
The intersection of mental illness and homelessness
Treatment and housing on demand.

THE MENTALLY ILL AND THE CRIMINAL JUSTICE SYSTEM
Making sure that mental ill people who end up in jail get the treatment they need.

MENTAL HEALTH COURT
Research and work in a focused, active way to develop a mental health court.

VIOLENCE, INCLUDING DOMESTIC VIOLENCE
Responding to violence as a public health and mental health issue.

DUAL DIAGNOSIS
Meeting the challenges and opportunities of state Proposition 36, mandating substance abuse treatment.

ISSUES REGARDING THE REFORM OF THE LANTERMAN-PETRIS-SHORT ACT
Following any new approaches in the legislature to LPS Reform.
Too many people are asking for treatment and we can't serve them all, so those who don't want help shouldn't be forced into treatment.

CONSUMER EMPLOYMENT
Making sure that more jobs are developed for consumers in the mental health field.

CMHS AS A WHOLE

Learning about CMHS policies, mission, new trends, procedures, effective lobbying, and effective committee work.
The budget process for CMHS and contractors.
Insist on culturally-appropriate and culturally-specific mental health policies.
Recovery model in mental health.

PREVENTION FOCUS
DPH and CMHS should focus on positive mental health through the provision of preventive services.

THE NEW SUPERVISORS
Educating the new Board of Supervisors about the Mental Health Board and learning about the Supervisors, their districts, and their concerns about mental health services.

Ideas for presenters: Nora Goodfriend-Koven, Family and Violence Prevention, Barbara Garcia, Carolyn Leiber, Kate Monico-Klein, Maria Martinez, Dr. Leigh Kimberg

The discussion about priorities included the following comments:

Ms. Deger: I think it's important to develop more family involvement with children's and adult services. This is one of the top goals I'll be working on with NAMI this year at the county level. Families are often the number one caregivers.

Ms. Harrison: I'd like to see us find concrete ways to connect with the new Supervisors. Given that this is a time when they are in a learning curve, we need to contribute to what they're learning. I think we should look into meeting with each Supervisor on their own in their own communities.

Ms. Gilleran: It's important for us to focus, so we can feel a sense of accomplishment at the end of the year.

Dr. Beauford: I agree. Focus is something we have been talking a lot about. With each of the priorities we chose, it would be good if we can have full Board meetings about them and if each committee could have a piece of each priority to follow up on. It would be good to have concrete objectives and goals and make sure we meet them.

Ms. France: Very interested in finding a way from the beginning of mental illness for the family and the consumer to have a more comprehensive assessment of their needs for services. Also for education to take place, so they can have the best information possible from the beginning, and so they don't have to go from agency to agency to get the services they need.

Is it possible for the County to use its database to see where are all the places a client has been, what are all the gaps in their care, and how the process can be streamlined? We need to look at the long-term picture of cost-effectiveness. If we are talking about more comprehensive wrap around services, then the client will be helped sooner and faster, and then they won't fall through the cracks or go through the revolving door in and out of acute services.

Ms. Harrison: Building partnerships with other groups. October is domestic violence month. We could be part of this as a Board, in connection with other organizations.

Ms. Chartrand: With regard to domestic violence, people are working on conjoining mental health and domestic violence services.

Dr. Beauford: We won't be able to do all these things we have listed today. We are going to have to focus, and we'll want objective measures so we will know if we have been effective.

Ms. Gilleran: There needs to be action taken which will affect change and growth.

Mr. Villalba: Family issues is a priority issue, both for children and adults. We've spent two years focusing on homelessness, so I wouldn't focus on it this year as a special study, though we will still pay attention to it. We haven't gone very far with the issue of dual diagnosis, and how to dovetail the two systems into a more comprehensive program.

Ms. Traveler: I think homelessness and the mentally ill is an extremely important issue. I think it needs to be there all the time. I really want to see us working on the family issues and using Family Mosaic as a resource for ourselves.

Ms. Harrison: There are some things we can do without too much effort. I think the mentally ill and the criminal justice system should be a priority, specifically Proposition 36. I hope that the MHB will send a recommendation to the Steering Committee. I'd like to see us recommend considering the mental stability of the people being worked with under Proposition 36.

Dr. Beauford: If we take a focus as a Board, we are not going to drop things.If there are issues you would like to champion, I'd like to suggest that you bring those issues to the Board. it would be up to you to say, this is an issue we need to address, and we can make the decision as a Board. But what I really don't want to do again this year is to do the scatter shot again. We've done wonderful things, but specificity is something I hope we can come to agreement on.

Ms. Brooke: I think this is part of why committees are losing steam lately, because they don't feel directly connected to the work of the Board. It might help to have committees dealing specifically with some aspect of the Board issues.

Mr. Shipley: If we do not fund the contractors and we start losing contractors, the quality of services and quantity of services are going to suffer in this city.

Dr. Beauford: I thought as a Board we had decided that budget issues are something that we need to champion every year, and we were a little late on the budget issues this year.

Ms. Deger: Some of these things require ongoing attention, which means that we can't take on many additional issues.

Ms. Brown: I'm concerned about consumer employment in mental health services. I think a lot more consumers could be working in CMHS. Last month Jo Ruffin commented on a program that will be hiring peer consumers, and it would be important to make sure the ball doesn't get dropped on this.

Ms. France: I'd like to encourage more contact with the Supervisors. I understand that we can begin doing program reviews in February. Perhaps we could do a little synopsis at the end. At that time, we've already made our points. We could send a one page bullet letter to the Supervisor from the person who did the review regarding issues in their district.

Ms. Harrison: I would like to put back on the table the whole issue of Proposition 36. This is all happening quietly. The first meeting of the Steering Committee will be next Friday. We're trying to keep it out of the criminal justice system, and keep it in health. I'd like a recommendation from the MHB to the Steering Committee about this.

Ms. Traveler: I feel there are a couple issues here. This task we're about is the reason why we're here for the Retreat. It would be important to have the Board's recommendation regarding Proposition 36. I'm feeling like we're rushing it. But I don't feel like we've fulfilled the charge of today if we don't walk out with some priorities.

Dr. Beauford: We are not rushing through the priorities. We are rushing through the process by which we will choose our priorities. It's a question of how we are going to do it.

Ms. Gilleran: I'm feeling a little frustrated. I think we have to really narrow down the number of priorities and discipline ourselves. We need to pick a few and go for it.

Dr. Beauford: We're going to have to make some hard decisions at the February Board meeting, pick one or two issues, and all take them on as our own.

Think in terms of one issue you might be able to integrate everything else into. Think about how it could be integrated into the committees we have, and how we could measure the accomplishments. Say it in a sentence or less. This is the issue. Then say how to implement it.

The meeting was adjourned at 4 p.m.

DPH

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, February 14, 2001
1380 Howard, Room 537
6:30 p.m.

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AGENDA

Public comments will be taken for each agenda item.

1.0 CALL TO ORDER AND CONSENT CALENDAR (10 minutes)

For discussion and proposed action

1.1 Call to Order and Announcements from the Chair

1.2 Consent Calendar (Attachment A)

1.2.a Proposed action: Resolution that the Board approve the minutes of the MHB meetin on December 13, 2000.

1.2.b Proposed action: Resolution approving the minutes of the MHB Annual Retreat on January, 27, 2001.

1.2.c Proposed action: Resolution approving leaves of absence for the MHB meeting on February 14, 2001.

2.0 BOARD PRIORITIES FOR 2001 (Attachment B) (60 minutes)

For discussion and proposed action

The Board will discuss a range of possible priorities and may determine how many priorities and which ones to focus on for the calendar year 2001.

3.0 DIRECTORS REPORTS (30 minutes)

For discussion

3.1 Report from the Director of Community Mental Health Services
A report on the activities and operations of Community Mental Health Services, including budget, planning, policy, and programs and services.

3.2 Report from the Executive Director of the Mental Health Board
A report including updates and announcements regarding the activities and operations of the Board.

4.0 MENTAL HEALTH BOARD COMMITTEES (10 minutes)
For discussion and proposed action

4.1 Report of the Chair of the Board and Executive Committee
Updates and announcements regarding discussions and actions of the Chair and the Executive Committee.

4.2 Children's Committee
No report.

4.3 Cultural Competency & Special Populations Committee
No report.

4.4 Program and Services Committee
No report.

4.5 State Liaison
A report on developments regarding mental health services, policy, and funding at the state level, including the California legislature, the State Department of Mental Health, and other statewide advocacy or policy organizations.

5.0 PUBLIC COMMENT (10 minutes)
This is an opportunity for members of the public to address the Mental Health Board on items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board. Additionally, public comments will be taken for each agenda item.

This agenda and all attachments can be viewed at: www.ci.sf.ca.us/mental_health. Attachments are also available at the Mental Health Board Office, 1380 Howard Street, Suite 510, telephone 255-3474.

DISABILITY ACCESS
1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) 5 days before the meeting. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in Room 537. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Down-town Loop and the 72 Haight/Noriega. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

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4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Donna Hall
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Ms. Hall, or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.ci.sf.ca.us/sunshine.htm**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.ci.sf.ca.us/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

ATTENTION: Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (SF Administrative Code 16.520-16.534) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact:

Ethics Commission
1390 Market Street #701
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Telephone (415) 554-9510
Fax: (415) 703-0121
Website: **www.ci.sf.ca.us/ethics**

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MENTAL HEALTH BOARD
ATTACHMENT A
February 14, 2001

CONSENT CALENDAR

All items on the Consent Calendar are handled through a single vote. There will be no discussion unless a member requests it, in which case the item will be removed from Consent Calendar and discussed.

1.2.a Approve Minutes of Prior Board Meeting

PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of December 13, 2000, be approved as submitted.

1.2.b Approve Minutes of Prior Board Meeting

PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board Annual Retreat of January 27, 2001, be approved as submitted.

1.2.c Approve Requested Leaves of Absence
Additional requests may be added at the Board meeting.

PROPOSED RESOLUTION: Be it resolved that the Mental Health Board grants leaves of absence for the meeting of February 14, 2001, to the following members: none.

SAN FRANCISCO MENTAL HEALTH BOARD

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MENTAL HEALTH BOARD
ATTACHMENT B
February 14, 2001

IDEAS FOR PRIORITIES FOR 2001

CHILDREN'S ISSUES
Making the system more user friendly for children and their families.
Continuing to develop in-home, wrap-around, and early detection services.
Developing more family member involvement.
Keeping updated about what's happening in children's services.
Mental health assessment and treatment services at YGC; Project Impact.
Implement school mental health programs.
Education and training for effective parenting.
Advocate for a Parents Bill of Rights

FAMILY ISSUES
Making the system more user friendly to families of adult clients, and developing more services for them.
Developing a system-wide consent form.

THE ELDERLY MENTALLY ILL
Making sure this population is being served appropriately.

HOMELESS MENTALLY ILL
Integrating funding streams and services from different departments and agencies to better serve the homeless mentally ill.
The intersection of mental illness and homelessness
Treatment and housing on demand.

THE MENTALLY ILL AND THE CRIMINAL JUSTICE SYSTEM
Making sure that mental ill people who end up in jail get the treatment they need.
Women in prison.

MENTAL HEALTH COURT
Research and work in a focused, active way to develop a mental health court.

VIOLENCE, INCLUDING DOMESTIC VIOLENCE
Responding to violence as a public health and mental health issue.
Work with other groups and agencies doing this work.

DUAL DIAGNOSIS
Meeting the challenges and opportunities of state Proposition 36, mandating substance abuse treatment.

LPS ISSUES
Following any new approaches in the legislature to LPS Reform.
Too many people are asking for treatment and we can't serve them all, so those who don't want help shouldn't be forced into treatment.

CONSUMER EMPLOYMENT
Making sure that more jobs are developed for consumers in the mental health field.

CMHS AS A WHOLE
Learning about CMHS policies, mission, new trends, procedures, effective lobbying, and effective committee work.
The budget process for CMHS and contractors.
Insist on culturally-appropriate and culturally-specific mental health policies.
Recovery model in mental health.
Ways to streamline access.

PREVENTION FOCUS
DPH and CMHS should focus on positive mental health through the provision of preventive services.

THE NEW SUPERVISORS
Educating the new Board of Supervisors about the Mental Health Board and learning about the Supervisors, their districts, and their concerns about mental health services.
More involvement with the budget process.

Ideas for presenters: Nora Goodfriend-Koven, Family and Violence Prevention, Barbara Garcia, Carolyn Leiber, Kate Monico-Klein, Maria Martinez, Dr. Leigh Kimberg

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UNADOPTED MINUTES
Mental Health Board

Wednesday, February 14, 2001
1380 Howard Street, Room 537
San Francisco, CA 94103
6:30 p.m.

BOARD MEMBERS PRESENT: Jim Beauford, Ph.D. (Chair); Tim Agar; Bridgett Brown; April Martin Chartrand; Pat Harrison; Andrea Leung, L.C..S.W., A.C.S.W.; Mickey Shipley; Lora Traveler; Chet Villalba; Kate Walker.

BOARD MEMBERS ON LEAVE: Peggy Gilleran, J.D.

BOARD MEMBERS ABSENT: None.

OTHERS PRESENT: Jo Ruffin, (Director, Community Mental Health Services); Meenoo Yashar (Family Links, Support for Families of Children with Disabilities); Amelia Vassiliades (Conard House Co-ops); Belinda Lyons (Mental Health Association); Marion Keller, L.C.S.W.; Emeric Kalman (Family Member); Helynna Brooke (MHB Executive Director); Rich Snowdon (MHB Administrator)

1.0 CALL TO ORDER AND CONSENT CALENDAR

For discussion and proposed action

1.1 Call to Order and Announcements from the Chair

1.2 Consent Calendar (Attachment A)

1.2.a Approve Minutes of Prior Board Meeting

RESOLUTION (MHB-2001-01): Be it resolved that the minutes of the Mental Health Board meeting of December 13, 2000, be approved as submitted. (Passed.)

1.2.b Approve Minutes of Prior Board Meeting

RESOLUTION (MHB-2001-02): Be it resolved that the minutes of the Mental Health Board Annual Retreat of January 27, 2001, be approved as submitted. (Passed.)

1.2.c Approve Requested Leaves of Absence

RESOLUTION (MHB-2001-03): Be it resolved that the Mental Health Board grants leaves of absence for the meeting of February 14, 2001, to the following members: Peggy Gilleran. (Passed.)

3.0 DIRECTORS REPORTS

For discussion

Please note: This agenda item was taken out of order so Board members could take current information into account in planning priorities.

3.1 Report from the Director of Community Mental Health Services

Ms. Ruffin reported as follows:

Sandi Mori, Secretary to the Health Commission is leaving to return to a program serving older Japanese adults, Kimochi, that she started years ago. Sandi has been with the Health Commission for fourteen years and will be truly missed when she leaves in mid March.

AB 2034. The AB 2034/MOST Expansion is underway. At this time, the new program has enrolled 12 individuals. Once hiring and orientation of new staff is complete, there will be space for a total of 120 homeless, seriously mentally ill adults who are not linked with community based mental health services. So far, the project director, the psychiatrist, and 2 Health Worker III staff are on board. The administrative analyst, nurse manager, and another HW III are scheduled to start in early February. Recommendations to hire have been submitted on additional positions including 4 HW I's who are peer counselors, and 3 Psychiatric Social Worker/Marriage and Family Therapist positions. Interviews are scheduled for candidates for the Rehabilitation Therapist and the PSW Supervisor.

Funding for training staff in the AB 2034 model is available through the State Department of Mental Health. Using this funding, ten staff will participate in the immersion training in the ACT model in Long Beach over the next few months. The team has already begun training in the Recovery Model with Margaret Walkover, consultant.

BOB CABAJ, MEDICAL DIRECTOR. Please join us in welcoming Bob Cabaj, MD, our new Medical Director. Dr. Cabaj started with us on January 3, 2001, and is already fully immersed in his new duties. We are very happy to have Bob on board. One area in which he will be concentrating is the review and development of standards of care for our system.

RECRUITMENT. CMHS and the CMHS contractors are experiencing a serious problem in recruiting new staff. The low salaries being offered results in a lack of candidates who can afford to live in the City. There are currently 60 civil service vacancies and additional contractor vacancies. Civil service recruitment bulletins and job descriptions are available on-line at the DPH web site: www.dph.sf.ca.us.

STATE DEPARTMENT OF MENTAL HEALTH REVIEW. The State Department of Mental Health conducted its annual on-site review of CMHS the week of January 8, 2001. For this review DMH follows a 50+ page protocol covering several hundred individual items. The review was very positive overall. This year chart documentation of services provided to clients was reviewed for the first time in three years. Several documentation problems were identified and a plan of correction is being prepared. DMH also conducted a periodic review of the MediCal certification of Mission Mental Health-Team I. This certification is what allows a clinic to bill MediCal for services. Several problems were identified, the main one being a leaky roof. The clinic was immediately decertified. A plan of correction was implemented immediately and the clinic was re-visited on January 31, 2001 when it was re-certified.

HAMMER AWARD. The Department of Public Health was recognized for its participation on the Residential Home Care Outreach Project Team, a collaborative project with the California State Department of Developmental Services and the Internal Revenue Service. The Project provided specially tailored workshops to meet the needs and interests of home care providers to remain in business. Community Mental Health Services staff representatives Tom Mesa, L.C.S.W. and David Lally, L.C.S.W. (Older Adult Services), and Jeanne Kwong, M.P.H. and Sidney Lam, L.C.S.W. (Adult Services) were honored when the prestigious Hammer Award was presented at a ceremony on January 10, 2001. The Hammer Award was established to recognize federal agencies and their partners for developing new and innovative ways of doing business.

BUDGET. The Health Commission approved the Department's budget request for 2001-2002. The request includes an additional $22 million to the base budget to replace lost revenues, to cover 2% for a Civil Service COLA, and to cover pharmacy increases. The only new programs allowed by the Mayor are revenue funded or funded through reallocation of dollars. We included some added MediCal for continued integration of mental health and substance abuse dual diagnosis services in addition to the AB 2034 homeless program. No added COLAS are included for civil service or contractors per the Mayors Office's directions. The Commission forwarded a strong recommendation to the Mayors Office to add COLAS to the budget. If we do not receive funding for this then services will have to be reduced in order to adequately pay for the increased cost of doing business in civil service and contract programs.

MEDI-CAL PENETRATION RATE COMPARISON. FY 1992-1993 vs. FY 1999-2000. Community Mental Health Services (CMHS) of San Francisco has a contract with the State of California to pay for all Medi-Cal services. Part of CMHS's agreements with the State and Federal government is to ensure that Medi-Cal recipients who need mental health services can gain access to them.

CMHS determines its success in serving the Medi-Cal recipients of San Francisco with a measurement widely used in the health care industry, known as the penetration rate. This penetration rate represents the number of San Francisco Medi-Cal recipients served as a percentage of the total eligible population reported by the California Department of Health Services. CMHS has been successful in increasing the number of Medi-Cal beneficiaries served in San Francisco.

Comparing the overall penetration rates between fiscal years 1992-1993 and 1999-2000, we see an increase of 3%. However, in specific categories such as Foster Care and Disabled Medi-Cal recipients, we see a much more pronounced increase. The penetration rate for the Disabled Medi-Cal recipients increased from 26% in FY92-93 to

37% in FY99-00. Even more remarkable was CMHS's success in serving more of the Foster Care Medi-Cal population. In FY 92-93, CMHS served 690 of 3,500 Foster Care Medi-Cal recipients, or 20%. Compare this to FY 99-00 where CMHS served 1,051 of 2,658 Foster Care Medi-Cal recipients, or 40%, and we see a 100% increase in the penetration rate for this population.

After Ms. Ruffin finished her report, Mr. Villalba stressed the importance of the city paying contractors appropriately, especially since the city is so dependent on them. Ms. Ruffin agreed.

A question was asked about the departments implementation of the Recovery Model. Ms. Ruffin said that CMHS has hired a consultant, Margaret Walkover, to work with the department to help with the integration of the recovery model into our system to make the system more focused on wellness and more consumer directed. The model is in some ways similar to the harm reduction model for substance abuse recovery. A person might need care for life but they can still have recovery and live a full life. There will be a conference on the Recovery Model on April 26, 2001.

Ms. Leung mentioned that the St. Mary's Partial Hospitalization program is closing and asked if the city has any plans to replace the care. Ms. Ruffin stated that DPH and the Health Commission will have a public hearing on the issue in March.

3.2 Report from the Executive Director of the Mental Health Board

Due to shortage of time, this report was tabled.

2.0 BOARD PRIORITIES FOR 2001 (Attachment B)

For discussion and proposed action

Mr. Beauford opened the discussion regarding Board priorities stating that the goal was to get more specificity for goals and priorities. The Board would focus on the chosen issues and then the committees would focus on the priorities in more detail. Mr. Vallalba suggested that the Board single out specific issues to focus on and he suggested that the Board start with four areas. Ms. Harrison and Ms. Walker suggested that implementation of Proposition 36 might be one of the areas. Mr. Villalba said that he would be interested in looking into how the system is integrating services between substance abuse and mental illness. Ms. Traveler was also interested in dual diagnosis and the mentally ill in the criminal justice system. Mr. Shipley shared that Jo Robinson, Director of Jail Psychiatric Services, is researching issues regarding the mentally ill in the criminal justice system and that the Board has focused on this area for the past two years, as well as having focused on the homeless mentally ill for the past two years. Mr. Shipley felt that children's issues were very important. Mr. Agar suggested that the Board learn more about the community mental health system by having department directors meet with the Board. Mr. Beauford suggested advocacy, children, new supervisors, family issues, and budget, maintainance, and building partnerships, were all highlighted at the retreat. Following a general discussion of the pro's and con's of different possible priorities for 2001, the Board members took a straw poll to see what level of consesus there was for picking priorities.

MEMBER	PRIORITY	PRIORITY	PRIORITY
Ms. Chartrand	CMHS as a whole	the new Supervisors	outreach
Ms. Traveler	Dual diagnosis	CMHS as a whole	advocacy
Mr. Shipley	CMHS as a whole	Dual diagnosis/mental health court	children
Ms. Brown	CMHS as a whole	Consumer employment in the system	Children's issues—through the Chidlren's Committee
Mr. Agar	CMHS as a whole	elderly mentally ill	Dual diagnosis
	mentally ill in criminal justice system	the new Supervisors	
Ms. Walker	CMHS as a whole	Legal aspects, incl. LPS Reform	
Ms. Leung	Elderly mentally ill	Housing and follow up for clients	Cultural competency itself
Mr. Villalba	CMHS as a whole	the new Supervisors	Dual diagnorsis
	I will champion family issues		
Ms. Harrison	CMHS as a whole	Implementation of Proposition 36	

Mr. Shipley: We have to take into cosnideration what we are mandated to do by the State law, reviewing grants, providing oversight for managed care, the State audit. There is a training for new Board members coming up. It's given by the California Association of Local Mental Health Boards. It's recommended that all new Board members go to one of these.

Dr. Beauford: There are a couple issues for me as Chair. Some members are feeling rushed by this discussion. I feel uncomfortable voting at this point. I recommend we table this disucssion and complete it next month. I urge the Board members to really think about the priorities and be ready to make a decision at the next Board meeting. We can do this in a timely fashion.

RESOLUTION (MHB-2001-04)
Be it resolved that the Mental Health Board continue its discussion of the priorities for 2001 at the next Board meeting on March 14, 2001. (Passed)

4.0 MENTAL HEALTH BOARD COMMITTEES

For discussion and proposed action Tabled due to lack of time.

4.1 Report of the Chair of the Board and Executive Committee
4.2 Children's Committee
4.3 Cultural Competency & Special Populations Committee
4.4 Program and Services Committee
4.5 State Liaison

5.0 PUBLIC COMMENT

Ms. Keller: Listening to this discussion, my sense of it is of a ship at sea without a rudder and it doesn't know where it's going. The mandate of the Mental Health Board is to oversee how mental health money is spent. It seems to me before this group decides on priorities, the members should be cognizant of the entire contents of the Little Hoover Commission Report "Being There: Making a Committment to Mental Health," and the State Mental Health Master Plan. You'd have a much more knowledgeable way of setting priorities. It seems like the process is eenie, meenie, minie, mo.

Ms. Traveller: There's years of work behind our comments. We're going through all the issues the Board is dealing with to prioritize them. But I appreciate your comments and attendance at our meetings.

Ms. Vassiliades: My impression of the meeting is that I'm beginning to get a flavor for how difficult your task is.

Mr. Kalman: Why do we not inform ourselves how other municipalities are handling their mental health care?

Ms. Yashar: I came here tonight to thank your for your support of Family Links. I am the Mental Health Coordinator of Family Links, which is a program of Support for Families of Children with Disabilities. Our goal is to improve access to support and treatment programs for families.

Ms. Yashar then described the program in detail and told the story of a single mother who was in a very difficult situation and for whom the program made all the difference for her and her daughter. Ms. Ruffin: Family Links had one-time funding this past year but has not be made a regular part of the budget, so it's in jeopardy. Ms. Yashar: Yes, we are working to get ongoing funding. Thank you again for your support.

Ms. Lyons: I wanted to introduce myself. I'm Belinda Lyons, Program Director for the Mental Health Association. My focus is on advocating for housing for people with mental illness.

Ms. Vassiliades: I feel fortunate to see you work and I appreciate how difficult what you do is. I am concerned about cost of living increases for the programs and am glad to see that you are supporting that.

The meeting was adjourned at 9:00 p.m.

.DPH

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, March 14, 2001
1380 Howard, Room 537
6:30 p.m.

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AGENDA

Public comments will be taken for each agenda item.

1.0 CALL TO ORDER AND CONSENT CALENDAR (10 minutes)

For discussion and proposed action

1.1 Call to Order and Announcements from the Chair

1.2 Consent Calendar (Attachment A)

1.2.a Proposed action: Resolution approving the minutes of the MHB meeting on February 14, 2001.

1.2.b Proposed action: Resolution approving leaves of absence for the MHB meeting on March 14, 2001.

2.0 BOARD PRIORITIES FOR 2001 (Attachment B) (60 minutes)

For discussion and proposed action

The Board will discuss a range of possible priorities and may determine how many priorities and which ones to focus on for the calendar year 2001.

3.0 DIRECTORS REPORTS (30 minutes)

For discussion

3.1 Report from the Director of Community Mental Health Services
A report on the activities and operations of Community Mental Health Services, including budget, planning, policy, and programs and services.

3.2 Report from the Executive Director of the Mental Health Board
A report including updates and announcements regarding the activities and operations of the Board.

4.0 MENTAL HEALTH BOARD COMMITTEES (10 minutes)
For discussion and proposed action

4.1 Report of the Chair of the Board and Executive Committee
Updates and announcements regarding discussions and actions of the Chair and the Executive Committee.

PROPOSED ACTION: The Board approves a resolution commending the Proposition 36 Steering Committee. (Attachment C)

PROPOSED ACTION: The Board approves a resolution declaring a joint health and housing emergency in San Francisco. (Attachment D)

PROPOSED ACTION: The Board approves a resolution commending Supervisor Tom Ammiano and Chief Fred Lau. (Attachment E)

PROPOSED ACTION: Resolution approving an award for Community Vocational Enterprises. (Attachment F)

PROPOSED ACTION: Resolution approving an award for Dick and Barbara Phillips, landlords for the Hire-Ability Project. (Attachment G)

4.2 Children's Committee
No report.

4.3 Cultural Competency & Special Populations Committee
No report.

4.4 Program and Services Committee
No report.

4.5 State Liaison
A report on developments regarding mental health services, policy, and funding at the state level, including the California legislature, the State Department of Mental Health, and other statewide advocacy or policy organizations.

5.0 PUBLIC COMMENT (10 minutes)
This is an opportunity for members of the public to address the Mental Health Board on items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board. Additionally, public comments will be taken for each agenda item.

This agenda and all attachments can be viewed at: www.ci.sf.ca.us/mental_health. Attachments are also available at the Mental Health Board Office, 1380 Howard Street, Suite 510, telephone 255-3474.

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) 5 days before the meeting. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

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4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

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The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Donna Hall
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Ms. Hall, or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.ci.sf.ca.us/sunshine.htm**

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Telephone (415) 554-9510
Fax: (415) 703-0121
Website: **www.ci.sf.ca.us/ethics**

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MENTAL HEALTH BOARD
ATTACHMENT A
March 14, 2001

CONSENT CALENDAR

All items on the Consent Calendar are handled through a single vote. There will be no discussion unless a member requests it, in which case the item will be removed from Consent Calendar and discussed.

1.2.a Approve Minutes of Prior Board Meeting

PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of February 14, 2001, be approved as submitted.

1.2.b Approve Requested Leaves of Absence
Additional requests may be added at the Board meeting.

PROPOSED RESOLUTION: Be it resolved that the Mental Health Board grants leaves of absence for the meeting of March 14, 2001, to the following members: none.

SAN FRANCISCO MENTAL HEALTH BOARD

SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO

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MENTAL HEALTH BOARD
ATTACHMENT B
March 14, 2001

MENTAL HEALTH BOARD PRIORITIES FOR 2001

In order of items mentioned by the most Board members, the following is a list of the priorities stressed at the previous Board meeting, February 14, 2001.

CMHS as a whole
Developing relationships with the new Supervisors
Dual Diagnosis
Children's Issues
Elderly mentally ill
Consumer employment in the system
Family issues
Implementation of Proposition 36
Cultural Competency
Housing and follow up for clients
Legal aspects, including LPS Reform
Advocacy
Outreach Mentally ill in criminal justice system
Mental Health Court

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MENTAL HEALTH BOARD
ATTACHMENT B
March 14, 2001

MENTAL HEALTH BOARD PRIORITIES FOR 2001

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MENTAL HEALTH BOARD
ATTACHMENT C
March 14, 2001

PROPOSED RESOLUTION: COMMENDING THE PROPOSITION 36 STEERING COMMITTEE

BE IT RESOLVED, that the Mental Health Board of San Francisco commends the Proposition 36 Steering Committee for selecting the Department of Public Health to be the lead agency in providing Proposition 36 services in conjunction with the criminal justice system, and further,

BE IT RESOLVED, that the Mental Health Board strongly supports the inclusion of a mental health assessment in the overall assessment process for clients coming into Proposition 36 services.

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MENTAL HEALTH BOARD
ATTACHMENT D
March 14, 2001

PROPOSED RESOLUTION: DECLARING A JOINT HEALTH AND HOUSING EMERGENCY IN SAN FRANCISCO

WHEREAS, the City and County of San Francisco is at a critical turning point for its mental health, health, and human services, and

WHEREAS, the current real-estate market in San Francisco is the toughest in the city's history, and one of the most challenging anywhere in the country, and

WHEREAS, many programs operated both by the City and by contractors are having a very difficult time finding staff willing to work for salaries which are simply too low as compared to the housing costs in San Francisco, and

WHEREAS, certain departmental procedures created in less difficult times are not responsive to the current crisis, for example, a long hiring process in Civil Srevice, which may mean that an extremely well qualified candidate for a position who is ready to go to work at a program that is desperate for good staff, accepts another job because the City's process takes so long, and

WHEREAS, many Board & Care programs are in jeopardy, because the owners cannot meet their costs, given the level of the reimbursements they receive for their services, and

WHEREAS, it would be impossible in this housing market to replace any Board and Care homes which are forced out of business, and

WHEREAS, rents for other treatment and residential programs, have increased to an impossible level, and once lost, these programs would prove impossible to replace in an equivalent way, and

WHEREAS, federal and state government is shifting costs to local government by a remarkable and unprecedented rate of disallowing claims for Medicare and Medi-Cal, and through other cuts to funding for health programs, and

WHEREAS, the housing crisis in San Francisco is related to the medical crisis, in that people who are unable to retain affordable housing are generally unable to stabilize and improve their medical conditions, let alone prevent further deterioration, and

WHEREAS, an extraordinary number of people in our city are uninsured or underinsured, and many private companies are not providing adequate coverage, leaving the public health system to provide services at public expense, and

WHEREAS, Community Mental Health Services, in particular, and the Department of Public Health, in general, have made significant strides forward in the past several years in instituting cost-effectiveness and treatment effectiveness measures, such as the ACCESS line, the Single Point of Responsibility programs, and the increased use of state-of-the-art medications, and that to interrupt that progress in any way would not make good business sense, and

WHEREAS, the Mental Health Board believes that a community has a moral duty to care for those people who are ill, suffering, in trouble, and in need, and

WHEREAS, the Mental Health Board further believes that a strong and effective public health system directly benefits all neighborhoods and economic sectors of the community, now, therefore,

BE IT RESOLVED, that the Mental Health Board urges the Health Commission, the Public Health Department, the Mayor's Office and the Board of Supervisors to take all necessary steps to preserve and defend the vital, state-of-the art services the city has invested in and developed through years of intensive effort, and

BE IT FURTHER RESOLVED, that the Mental Health Board urges the Health Commission, the Public Health Department, the Mayor's Office and the Board of Supervisors to do everything in their power to provide significant cost of living increases to all programs, including most urgently, the contractors and Board & Care homes, and

BE IT FURTHER RESOLVED, that the City and County of San Francisco review departmental procedures to make them more responsive to the current crisis, such as significantly shortening the time line on Civil Service hiring without sacrificing quality, and supporting adminstrators who are successful at bringing in significant new money by providing them with strategic staff support so they can leverage even more funding, and

BE IT FURTHER RESOLVED, that the Mental Health Board of San Francisco urges in the strongest possible terms that the Mayor, the Board of Supervisors, and the Health Commission:

1. Declare a joint Health and Housing Emergency in the City and County of San Francisco, and

2. View this emergency from the larger perspective that San Francisco as a community clearly has the financial capacity to adequately care for those in need, and

3. Honor the economic reality that if the budget of the Department of Public Health is held at current levels for the new fiscal year, valued, time-honored, irreplaceable programs and housing will be put in serious jeopardy, and

4. Take whatever steps are necessary to increase City revenues in a fair and progressive manner, closing loopholes and making sure that the City is generating full value on property assessments, licensing fees, and contracts, and

BE IT FURTHER RESOLVED, the Mental Health Board urges that the Mayor, the Board of Supervisors, and the Health Commission to mobilize all the contacts, persuasiveness and strategic political power available to them to:

1. Do everything possible to take affordable housing out of the speculative market to protect it, and

2. Convince both federal and state legislatures to ensure adequate health care for all citizens on a national and state basis, as a basic human right and common human need, thereby decreasing the burden on local jurisdictions and local taxpayers, and

3. Continue to support the call for a national plan to end homelessness, so that the larger factors which cause homelessness can be seriously and effectively addressed, and so that every state and municipality will be required to take responsibility for the needs of their homeless citizens, and thus cities such as San Francisco will not have to bear more than their fair share.

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MENTAL HEALTH BOARD
ATTACHMENT E

PROPOSED RESOLUTION: COMMENDING SUPERVISOR TOM AMMIANO AND CHIEF FRED LAU

WHEREAS, twenty-five percent of the calls to the San Francisco police involve an issue of mental illness, and

WHEREAS, these are often challenging and difficult calls, and

WHEREAS, police officers are not trained to be social workers and mental health clinicians, and

WHEREAS, the Police Crisis Intervention Project has been successfully tested for serveral years in Memphis and San Jose, and

WHEREAS, the intensive mental health training these projects provide to police officers have made a significant and positive difference in police interventions with the mentally ill and their families, and

WHEREAS, these projects have proven to be very popular both with police officers and with the mental health community, and

WHEREAS, Supervisor Tom Ammiano took action to ensure pilot funding for a Police Crisis Intervention Project in San Francisco, and has continued to shepherd the program, generously giving it his time and attention, and

WHEREAS, Chief Fred Lau and the San Francisco Police Department have been working in genuine partnership with Community Mental Health Services and Jail Psychiatric Services in developing a custom-designed curriculum for the San Francisco Police Crisis Intervention Project, now, therefore,

BE IT RESOLVED, that the San Francisco Mental Health Board expresses its sincere gratitude to both Supervisor Ammiano and Chief Lau, and commends them for their clear and effective leadership in responding to a critical and challenging mental health issue that is of concern to all citizens of the City and County of San Francisco.

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MENTAL HEALTH BOARD
ATTACHMENT F
March 14, 2001

PROPOSED RESOLUTION: HONORING COMMUNITY VOCATIONAL ENTERPRISES

BE IT RESOLVED, that the Mental Health Board presents the following award:

The Mental Health Board of San Francisco proudly presents our
Heroic Effort Award
to
John Brauer and the Staff, Board, and Supporters of Community Vocational Enterprises

For the remarkable and pioneering contributions you make to mental health services in San Francisco year after year.
For building CVE from a budget of $90,000 in 1986 to over $4 million in 2001 during a period when there have been so many cuts to mental health funding.
For a very challenging but very successful relocation of CVE to a new home in the toughest real estate market San Francisco has ever seen.
For being such good people with such good hearts!

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MENTAL HEALTH BOARD
ATTACHMENT G
March 14, 2001

PROPOSED RESOLUTION: HONORING COMMUNITY VOCATIONAL ENTERPRISES

BE IT RESOLVED, that the Mental Health Board presents the following award:

The Mental Health Board of San Francisco
proudly presents our
Making-It-Possible Award
to
Dick and Barbara Phillips

For offering a home to HIRE-ABILITY, a pioneering program
that counties throughout California will copy.
For helping to give people with mental illness a chance at success.
For being the sweetest, most supportive landlords anyone could ever ask for.
Without you, it would not have been possible!

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MEMORANDUM

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TO: MHB Members

FROM: Helynna Brooke

RE: Proposition 36

DATE: March 9, 2001

Enclosed is additional information about Proposition 36 to help you in your consideration of the following resolution, which is Attachment C for the March 14th Mental Health Board meeting.

PROPOSED RESOLUTION: COMMENDING THE PROPOSITION 36 STEERING COMMITTEE

BE IT RESOLVED, that the Mental Health Board of San Francisco commends the Proposition 36 Steering Committee for selecting the Deparetment of Public Health to be the lead agency in providing Proposition 36 services in conjunction with the criminal justice system, and further,

BE IT RESOLVED, that the Mental Health Board strongly supports the inclusion of a mental health assessment in the overall assessment process for clients coming into Proposition 36 services.

Frequently Asked Questions About Proposition 36

Produced by the Campaign for New Drug Policies

December 18, 2000

EFFECTIVE DATE

Q: Is Prop. 36 In effect yet?

A: Only that portion of the measure appropriating $60 million in start-up funds took effect immediately upon passage of the initiative.

The criminal law provisions of Prop. 36 take effect July 1, 2001. This includes the rules for processing new drug possession convictions, probation violations, and drug-related parole violations.

Q: What if an offender is caught before July 1?

A: Prop. 36 is not retroactive, and therefore, generally Prop. 36 will not apply to offenses before its effective date. However, the date of conviction, not arrest, determines a person's eligibility. Therefore, a person arrested on June 15, 2001, but convicted after July 1, would be eligible for treatment.

Some persons whose offenses predate the initiative will still be affected by the new law. See the sections below on probation and parole violations.

WHO QUALIFIES

Q: What is the full range of offenses covered by Proposition 36? Who is excluded?

A: Beginning July 1, 2001, Prop. 36 generally applies to three classes of people: 1) those with new convictions for drug possession or being under-the-influence, 2) persons on probation for drug possession or under-the-influence offenses, and 3) persons on parole with no prior convictions for a serious or violent felony.

New convictions: People with new convictions for drug offenses qualify for treatment provided that they are not convicted of sale or manufacture or any non-drug crimes at the same time. Offenders are excluded if they have a prior conviction for a serious or violent felony (a "strike"), unless they have served their prison time and have been out of prison for five years with no felony convictions or misdemeanor convictions involving the threat of violence. Finally, individual offenders may "opt-out" of treatment by formally refusing it, in which case they face sentencing under pre-existing law.

Persons on probation: Once Prop. 36 takes effect, its probation-violation procedures will apply to people previously convicted of a Prop. 36-qualifying drug offense, if they violate a condition of probation deemed to be "drug-related." In essence, this means that some drug offenders who would have qualified for Prop. 36 treatment will get it, instead of facing jail time, if they test positive for drug use or violate other probation conditions. Within two to three years, this category of offenders will simply disappear, once current probation terms expire and all new drug convictions are being processed under Prop. 36.

Nonviolent parole violators: After July 1, 2001, a person on parole who commits a non-violent drug possession offense or who violates a drug-related condition of parole may be eligible for a treatment regimen in the community, instead of return to prison. To qualify, the parolee must have no prior convictions at any time for a serious or violent felony. Parole authorities, rather than the courts, will set monitoring conditions for these parole violators, and will punish violations of the treatment program.

Q: What if an offender has been previously convicted of another crime that would not fall under the auspices of Prop. 36? Can he still qualify for diversion?

A: It depends on the nature of the previous offense or offenses. As discussed above, any prior violent or serious felonies disqualify a person for consideration for Prop. 36 treatment. The exception to this rule is when the person has served the associated prison time and has been free for five years without committing a felony or violent misdemeanor.

Other kinds of prior offenses are not disqualifying.

Finally, one group of persons — nonviolent parolees — will qualify for Prop. 36 treatment if they violate parole by using or possessing drugs. The person need not be on parole for a Prop. 36 offense. However, the person's criminal history may not include a serious or violent felony conviction.

Q: Will the passage of Prop. 36 change drug possession or intent-to-sell laws? Who determines an offender's intent to sell and the amount that indicates trafficking?

A: Prop. 36 does not directly affect the laws against drug possession or related crimes. It only affects the punishment imposed on persons who meet the criteria for eligibility for treatment instead of jail time. Those who qualify are granted probation and required to complete a treatment program.

Prop. 36 has no effect on persons convicted of drug sales, manufacturing, or possession with intent to sell. They are excluded from treatment that is funded under the new law, but may be eligible for diversion under other programs.

Neither Prop. 36 nor current law specifically defines the amounts of drugs that determine a person's intent to sell or distribute those substances. Obviously, very large amounts of drugs will trigger distribution or "intent-to-sell" charges. Prosecutors appear to prefer the flexibility that comes with a discretionary standard — smaller amounts of drugs can be charged as possession-with-intent if there are other circumstances that indicate a person was involved in or planning sales of the drugs in question. The decision is made case-by-case by the prosecutor examining the facts of each offense, and certain facts must be proved to secure a conviction for possession-with-intent. Prosecutorial discretion in such cases will not change under Prop. 36.

HOW PROP. 36 WORKS

Q: What does Prop. 36 "court supervised" treatment entail?

A: Prop. 36 takes effect when a person has been convicted of a drug possession or under-the-influence offense. Instead of ordering jail time, the judge must place that person on probation and require completion of a drug treatment program lasting up to one year.

The judge may set any range of conditions of probation to monitor the offender's progress. These may include regular check-ins with a probation officer or court appearances, a requirement to pay a share of treatment costs, drug testing and other restrictions on the person's place of residence, associations, or lifestyle.

If the offender violates any of the court's conditions, he or she faces the risk of having probation violated or revoked. Otherwise, the treatment provider selected by the court will provide regular progress reports through the required course of treatment.

At the end of the required treatment regimen, the offender may petition the court to dismiss the drug charges. If the court finds that the person complied with the probation conditions and that treatment was "successful," charges may be dismissed, and the defendant will be obliged to disclose the fact that he or she was arrested only in certain specified circumstances.

Q: What happens if an offender violates probation granted under Prop. 36?

A. Prop. 36 defines two kinds of probation violations: drug-related violations such as relapse, and non-drug-related violations. A person whose violation is not directly related to drug use — such as failure to check in with a probation officer, or defiance of other conditions — can have probation terminated at once and the person faces sentencing under pre-existing law

For drug-related violations, Prop. 36 spells out a process in which the consequences vary based on the severity and number of violations. For the first violation, the most common consequence will be that the court will order the person into a more restrictive treatment program. If, however, the court finds that the person is "a danger to the safety of others," that person can have probation revoked immediately.

Upon a second violation, the court again has the option of transferring the offender to a more rigorous treatment program. But the court may also revoke probation using a simpler standard — that the defendant has proved to be "unamenable to treatment."

If the defendant stays in treatment after two drug-related violations, and a third violation is proved, the protections of Prop. 36 disappear, and the person faces sentencing under pre-existing law, which allows incarceration for one to three years.

Q: What options and tools do judges really have?

A: Judges have a great deal of flexibility to handle each drug offender differently under Prop. 36. The range of treatment options may vary from county to county, along with caseloads in each program. The judge can set any range of probation conditions, from the relatively modest requirement that the defendant not be re-arrested during the probation period, through the other extreme — heavy monitoring by the court and probation department, along with regular drug testing.

If there is a probation violation, the judge can respond in several ways. The judge can impose sanctions, change the person's required treatment program, tighten probation conditions, or even revoke probation and drop the person out of Prop. 36 treatment entirely.

Defendants who hope to have their drug charges dismissed will need to impress the judge with their compliance with the court's orders, because, after completing treatment, the defendant must apply to the sentencing judge to receive that benefit. This dynamic enhances the judge's authority with the offender throughout the course of treatment.

DRUG TREATMENT

Q: Does California have the capacity now to offer treatment to all the people who will qualify under Prop. 36?

A: No. The new law anticipates the need to add many more treatment slots. But adding capacity may not be the overwhelming challenge some fear.

Prop. 36 recognizes that drug treatment services have been neglected in California, and that new investment is necessary. The measure contains $660 million in new, additional funding for drug treatment during a five and one-half year span. The first $60 million should be distributed to counties by the beginning of calendar year 2001, to be used to build capacity before the first person enters Prop. 36 treatment on July 1. Beginning on that day, an additional $120 million per year will be made available each year through fiscal year 2005-2006.

California now provides publicly funded drug treatment to nearly 100,000 people each year. An additional 25,000 receive treatment for alcohol-related problems. An estimated 36,000 new clients will enter drug treatment programs each year in addition to these individuals, as a result of Prop. 36. This means we need to add significantly to capacity, but it is an achievable goal.

Q: What are the minimum requirements for drug treatment facilities under Prop. 36?

A. Programs must be "licensed and/or certified" to receive Prop. 36 funds or defendants processed under the new law. They may not be offered within a prison or jail facility.

Licensing and certification are currently provided by the state and counties, as well as private organizations such as the California Association of Alcoholism and Drug Abuse Counselors. The state Department of Alcohol and Drug Programs may establish uniform state standards, or local governments could devise their own standards and require programs within their reach to meet those standards.

Q: What counts as "drug treatment" under Prop. 36?

A: Besides the licensing/certification requirement, a program may include one or more of the following: outpatient treatment, half-way house treatment, narcotic replacement therapy (such as methadone and similar substances), drug education or prevention courses, detox, or limited inpatient treatment. These categories can embrace a wide variety of treatment modalities.

Q: Do additional life-skills and counseling services qualify as drug treatment? Are such programs entitled to receive Prop. 36 funds?

A: Support services do not qualify as drug treatment by themselves, though judges may require defendants to complete literacy training, vocational training or family counseling programs in addition to drug treatment.

When required for a Prop. 36 defendant, these programs are expressly allowed to be paid for out of the funds provided in the initiative. Also, drug education programs qualify as drug treatment.

Thus, a court could order as a condition of probation drug education and literacy training for a defendant who was not addicted to drugs but who could benefit from these services.

Q: Who licenses treatment facilities? What is the process? Who would a potential provider contact?

A: The state Department of Alcohol and Drug Programs currently licenses drug treatment facilities and provides certification of certain kinds of facilities.

In response to Prop. 36, the department is re-evaluating its licensing and certification processes, and it may develop new regulations in the near future. For this reason, any potential treatment provider should be directly in contact with the department: Department of Alcohol and Drug Programs, 1700 K Street, Sacramento, CA, 95814, (916) 322-2911, fax: (916) 323-0659.

FUNDING

Q: Who will allocate Prop.36 funds?

A: The state Department of Alcohol and Drug Programs (ADP) will receive the initial appropriations each year from the state's General Fund. After the first $60 million is spent to prepare for the first defendants coming into the system July 1, 2001, an additional $120 million is appropriated each year for the next five years.

ADP will distribute Prop. 36 funds to counties, using a formula that has yet to be determined.

Q: How will the funds be allocated?

A: Prop. 36 requires that ADP use a "fair and equitable distribution formula" that is meant to approximate the need for these funds. ADP must consider such factors as per capita arrests for drug possession and drug treatment caseload. If ADP determines that a particular county is not adequately meeting the need for treatment, the state agency may initiate a direct contract with a provider to offer treatment in that county.

Q: What is the formula that determines the amount of money that each county will get from the state?

A: As indicated above, ADP must consider the need within each county and use a "fair and equitable" formula in parceling out Prop. 36 funds. The specific formula is at the discretion of the Department. Officials are now working to create a formula for the new funds available for the first six months of 2001. The formula presumably would be subject to annual revision, as circumstances change in each county.

Q: Who will manage the funds at the county level?

A: The most common practice of ADP in distributing drug treatment funds is to provide money directly to county-level departments of Alcohol and Drug Programs. The agency may choose to follow this pattern with Prop. 36 funds, or may use another method. The new law requires that funds be distributed "to counties." Because courts and probation departments may also seek reimbursements from Prop. 36 funds, the exact method of fund management at the local level might vary from county to county.

Q: Where will Prop. 36 funds come from? Do these funds merely replace existing appropriations?

A: Prop. 36 mandates a direct appropriation from the state's General Fund each year without reference to the annual budget process. This means that none of its funds are subject to legislative or gubernatorial approval.

Prop. 36 funds cannot be used, according to the new law, "to supplant funds from any existing fund source or mechanism currently used to provide substance abuse treatment." In other words, these new funds must be added to any pre-existing funds, not used to replace them. This is good news for counties and treatment providers, as there is a guarantee that current funding will not drop off in response to the newly created appropriation. •

Q: Is $120 million per year going to be enough? Is more money available?

A: Most projections indicate that the funds contained in Prop. 36 will be sufficient to pay for the additional treatment slots the new law makes necessary. The latest estimate, by the RAND Corporation, suggests that between $92 million and $114 million will be needed to pay for all of the treatment necessitated by the law.

The new law does permit additional claims on its funds. Courts and probation departments may seek reimbursement for some new costs they incur handling Prop. 36 defendants. However, it would be a violation of the intent of Prop. 36 if these costs took precedence over costs associated with treatment.

During the 2001 session, the Legislature is expected to consider additional, supplementary appropriations for Prop. 36 implementation, for treatment services and related costs including probation costs.

Q: What factors might influence the actual expenses under Prop. 36?

A: The RAND cost models assume that a quarter or more of the individuals receiving treatment would receive the most expensive form — long-term residential treatment. As this assumption indicates, choices made at the county level could greatly affect the actual costs of Prop. 36.

An unknown amount of the new costs will be covered by the individuals required to seek treatment, due to a provision allowing judges to insist that offenders who can reasonably afford to must pay some or all of their own treatment costs. The Legislative Analyst simply estimated this provision would offset treatment costs by several million dollars per year.

Finally, the actual number of offenders could vary from the Legislative Analyst's projection of 36,000 people per year. Prosecutors might reduce the number of offenders charged with drug possession and therefore eligible for Prop. 36 treatment. A larger than expected number of first-time felony offenders or misdemeanor drug possession offenders might opt for treatment, rather than refusing treatment and taking the punishment provided under pre-existing law. The choices made by individual offenders will naturally affect the number entering treatment.

URINE TESTING

Q: Why wasn't funding for urine testing included in Prop. 36?

A: The sponsors of Prop. 36 believed that urine testing was too often being substituted for quality drug treatment within the criminal justice system. Given current practices, the sponsors feared that the new money provided by Prop. 36 would be overwhelmingly directed to monitoring offenders with urine testing, rather than being used to build the treatment infrastructure in California, as was intended. For this reason, the $120 million appropriated by Prop. 36 is directed to providing treatment services and not urine testing.

Q: Will urine testing be required of Prop. 36 offenders? If so, how will it be paid for?

A: Judges can order urine testing of Prop. 36 offenders. The testing can be required as a condition of probation. The actual tests could be conducted by the treatment provider, probation department, or court staff, depending on the judge's preference. However, because Prop. 36 emphasizes a medical approach to drug use, drug testing is most appropriately conducted and evaluated by the treatment provider.

Nothing in Prop. 36 prevents currently available treatment funds or court system funds from being used to conduct urine screens of Prop. 36 defendants. Also, judges can order offenders to pay for their own testing. If it can be demonstrated that more money is needed than is now available, the Legislature can consider a supplementary appropriation to ensure that sufficient monitoring can be done.

EVALUATING SUCCESS OR FAILURE

Q: How will the public learn whether Prop. 36 is working? Who is responsible for collecting data and reporting on progress?

A: Prop. 36 requires both annual and long-term studies of its effectiveness. The annual study will be published by the main agency implementing Prop. 36, the Department of Alcohol and Drug Programs. That department will also contract with a public university in California for a long-term study of the new law.

Each year, counties will be required to report basic data to the state — the number of Prop. 36 offenders, the kinds of treatment programs they enter, and the completion or failure rates of these offenders. The department will compile these data into a public report that will also evaluate the implementation process, any reduced social costs attributable to the initiative, and other impacts or issues.

City and County of San Francisco
Proposition 36
Steering Committee

Elizabeth Aguilar-Tarchi
Assistant District Attorney
City and County of San Francisco

Tom Ammiano
President, Board of Supervisors
City and County of San Francisco

Judy Appel
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The Lindesmith Center, Office of Legal Affairs

Kimiko Burton-Cruz
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Armando Cervantes
Chief Adult Probation Officer
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Chair
Treatment on Demand Council

Pamela Levin
Assistant Controller
Controller

Newton Lam
Bail Commissioner
Superior Court County of San Francisco

Fred Lau
Chief of Police
City and County of San Francisco

Michael Marcum
Assistant Sheriff
City and County of San Francisco

Judge Tomar Mason
Superior Court Judge
City and County of San Francisco

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Ann Quirk
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Youth Industry

Louise Renne
City Attorney
City and County of San Francisco

Nika Saint Claire
President
Alcohol and Drug Association

Aisha Stevens
Community Member

Matonia Williams
President
CAAB/DAAB

* Co-Chairs

Proposition 36 Planning Calendar
(Updated March 8th)

2001

Monday	Tuesday	Wednesday	Thursday	Friday
26-Feb	27-Feb	28-Feb **Steering Committee Meeting** West Bay Conference Center 1:00-4:00pm	1-Mar	2-Mar
5-Mar	6-Mar **Health Commission**	7-Mar	8-Mar	9-Mar
12-Mar **CJ Sub-Committee** 25 Van Ness, 330A 5:30-7:30pm	13-Mar	14-Mar	15-Mar **Treatment Sub-Committee** 25 Van Ness, 330A 5:30-7:30pm	16-Mar **DAME Sub-Committee** 101 Grove, Room 220 2:00-4:00pm
19-Mar **CJ Sub-Committee** 25 Van Ness, 330A 3:00-5:00pm	20-Mar **Health Commission**	21-Mar	22-Mar **Treatment Sub-Committee** CHN Headquarters Room #2001 2789 25th Street 2:00-4:00pm	23-Mar **DAME Sub-Committee** 101 Grove, Room 302 2:00-4:00pm
26-Mar **CJ Sub-Committee** 25 Van Ness, 330A 3:00-5:00pm	27-Mar	28-Mar **Steering Committee Meeting** Glide Memorial UMC 1:00-4:00pm	29-Mar **Treatment Sub-Committee** 25 Van Ness, 330A 5:30-7:30pm	30-Mar **DAME Sub-Committee** 101 Grove, Room 220 2:00-4:00pm
2-Apr **CJ Sub-Committee** 25 Van Ness, 330A 3:00-5:00pm	3-Apr **Health Commission**	4-Apr	5-Apr **Treatment Sub-Committee** Location TBD 2:00-4:00pm	6-Apr **DAME Sub-Committee** 101 Grove, Room 220 2:00-4:00pm
9-Apr **CJ Sub-Committee** 25 Van Ness, 330A 5:30-7:30pm	10-Apr	11-Apr	12-Apr **Treatment Sub-Committee** CHN Headquarters Room #2001 2789 25th Street 2:00-4:00pm	13-Apr **DAME Sub-Committee** 101 Grove, Room 220 2:00-4:00pm
16-Apr	17-Apr **Health Commission**	18-Apr **Steering Committee Meeting** Bayview Opera House 1:00-4:00pm		

CJ: Criminal Justice

DAME: Data, Assessment, Monitoring & Evaluation

To confirm meeting times and locations, please contact Rob Bannon at (415) 255-3908

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES
Mental Health Board

Wednesday, March 14, 2001
1380 Howard Street, Room 537
San Francisco, CA 94103
6:30 p.m.

BOARD MEMBERS PRESENT: Chet Villalba (Acting Chair); Tim Agar; Bridgett Brown; Pat Harrison; Andrea Leung, L.C.S.W., A.C.S.W.; Kate Walker.

BOARD MEMBERS ON LEAVE: Jim Beauford, Ph.D. (Chair); April Martin Chartrand; Peggy Gilleran, J.D.; Lora Traveler.

BOARD MEMBERS ABSENT: Mickey Shipley.

OTHERS PRESENT: Jo Ruffin, (Director, Community Mental Health Services); Alex Kitzes (Mental Health Professional); Dale Milfay (Family Member); Tom Purvis (National Alliance for the Mentally Ill—SF); Charles Evans; John Dorsey; Mike Wise (San Francisco Network of Mental Health Clients); Emeric Kalman (Family Member); Helynna Brooke (MHB Executive Director); Rich Snowdon (MHB Administrator)

PLEASE NOTE: THERE WAS NO QUORUM DURING THE MEETING, THEREFORE NO VOTES WERE HELD AND NO ACTIONS WERE TAKEN. INSTEAD A DISCUSSION WAS HELD ABOUT BOARD PRIORITIES AND REPORTS WERE MADE.

Mr. Villalba called the meeting to order at 6:37 p.m. and explained that there would not be a quorum, due to several members being ill or out of town. He then asked members of the audience who were applying for membership on the Board to introduce themselves.

Mr. Purvis: I'm a member of the National Alliance for the Mentally Ill. I have a wife who's bipolar and not in treatment, and I have a son with Asperger's Syndrome. I've been working with NAMI in San Francisco for a number of years, and I've been working to set up a regional NAMI in the Bay Area.

Ms.Milfay: I've been an active NAMI member in San Francisco, Marin, and Alameda counties. I have a 26-year-old son schizo-affective. I've become an expert in getting my insurance company to come through with the benefits due to my son. I have a lot of experience working with two systems, Kaiser and Medi-Cal. I'm a biochemist at UC San Francisco. I was in neurology for 17 years and am now in breast cancer research.

Mr. Dorsey: I'm currently working with Linford Gale, in the Office of Consumer Relations for CMHS. I'm a peer staff person working through June. I'm taking care of an internship program. I'm doing the administrative work. I'm interested in becoming a Board member as a consumer. I have a very long history of illness and was not helped until 1984. In 1990, I started getting active again by volunteering at Ralph K Davies Medical Center. I have worked at the Center for Special Problems and the Independent Living Resource Center. I have a great deal of experience I'd like to share. I think I'm an example of what the system can do with proper time, treatment, and medication.

Mr. Evans: I'm here as a consumer, because it was recommended by a woman who is the director of a program I was in that I come down and check it out. I have been in Progress, San Francisco General, and Mission Mental Health.

Dr. Kitzes: I'm a mental health professional. I'm working in Hayward at La Familia, with a mainly latino population. We work with both immigration issues and mental health issues. I'm a psychologist. I've worked at Child Crisis here in San Francisco, and St. Mary's Hospital. And I worked my way through school at different hospitals. Being a Board member seems like a perfect way to help out. I got my Masters at San Francisco State and my Doctorate at the Wright Institute.

Mr. Wise also introduced himself as the Program Director for Spiritmenders and Editor of *Voices at Bay.*

DISCUSSION OF PRIORITIES

Mr. Villalba: The Executive Committee talked about this to come up with strategies for our priorities. Learning about CMHS will be an ongoing task. Also ongoing will be working with members of the Board of Supervisors, letting them know about the needs of the system, and the gaps, and encouraging them to add new money to the system.

Then there was a big interest on the part of Board members in dual diagnosis and children's issues. The children's committee will be following children's issues. We haven't done anything on issues of the elderly mentally ill. Housing and homelessness is an ongoing issue.

LPS Reform we'll be following again this year. The RAND study on involuntary outpatient treatment has been released. The report was interesting. It didn't come to a definitive conclusion. I thought we'd look at the pro's and con's. The bottom line is that the answer is to provide services. Whatever you do you should still be providing services. And it may be that if you provide the right services you won't have to order people into treatment.

Ms. Leung: There are some items on this list that are general, like children's issues. We need to get more specific.

Ms. Harrison: One of the things we're looking at on the Children's Committee is making the system more user friendly for the children and their parents. I'd like to find out if the LPS law handles children like it does adults. I'd also like the new Supervisors to get a copy of our last annual report. Ms. Brooke: We delivered a copy of the Little Hoover Commission report to each of the Supervisors. We'll send the new Supervisors a copy of our Annual Report.

Mr. Villalba: There is a key focus on the chronically mentally ill and the services provided to them, and what else is needed. We could do an evaluation of those services and the ACT model. That model is used in three different programs. We thought we'd try to study those. Interestingly enough, the RAND study kept referring to the ACT as a model to deal with citizens and consumers who have difficulty following through with medication, and with the ACT programs people are more successful at getting treatment. We'd look at high risk patients in the system. We might add some new recommendations. Specifically, we'd study Westside ACT, Mission ACT, and Community Focus. Also consumer employment should be part of everything we study, meaning the opportunity for employing consumers in each of the programs we study.

Ms. Harrison: With all the chaos between the retreat and our last meeting, this new list is excellent at focusing us. I've never heard anything about additional funding for Swords to Plowshares, which is an excellent program. Ms. Brooke: There is the possibility of highlighting Swords in our Annual Report this year. We could focus both on high-end users, and then the level of clients just down from that. Are they being given enough treatment to keep them from becoming high- end users? Ms. Harrison: Oasis is also a great program. They were really in touch with the whole consumer employment emphasis. Ms. Brooke: Another way to highlight programs is for us to pass a resolution of commendation. The more we can show what's working, the better we can ask for more funding than if we only focus on what's broken.

Mr. Villalba: Is there consensus to proceed with these as our priorities, pending formal approval at our next Board meeting?

The majority of those in attendance agreed to follow the recommendations of the Executive Committee.

Public Comment on the Issue of Priorities

Mr. Evans: The problem of housing is a serious one. They spend a lot of money on you and you go out in the community and you crash. After I left SF General, I ended up coming back in for 28 days and that is very expensive. And when my current program ends, will there be any place to go? Mr. Villalba: Long term housing is a gap.

Recommended Priorities:
1. Dual diagnosis & ACT (high-end users, chronically mentally ill)
2. Elderly mentally ill
3. Chronically mentally ill (housing, mental health court, etc.)

Ms. Milfay: It's important to look at how people move up to become higher end users. There is almost a denial of treatment to people when they first get sick. Prevention is needed.

Ms. Brooke: Peggy asked me to relay her input. She felt orienting the Board on a deeper level to CMHS was important, and that a small part of the Director's Report each month could be bringing in people from different parts of the system. But she recommends that the core of the work on the priorities would be done in Committees, rather than at the level of the full Board. Much like the LPS Committee last year, which studied the issue, then brought to the Board the results of their work.

Mr. Agar: I'd like to propose that each person here pick their top three priorities, and then we move to recommend that the committees in their meetings this month adopt one of these issues. Ms. Walker: All of the things that have been brought up are worthwhile looking at. Tim doesn't add or subtract from the list. He gives framework so we can come to a resolution.

Ms. Ruffin: I'm wondering whether it is worth saying what your committee structure is and how that relates to your priorities. Ms. Brooke: The full Board is made up of 17 members, including consumers, family members, mental health professionals, and public interest members, as well as one member of the Board of Supervisors. There are four committees: Program and Services, which manages the program review process. Each year the Board does 10-20 reviews, focusing on client interviews. The Children's Committee covers children and mental health, and in the last year had a focus on special education. The Executive Committee includes the officers of the Board and the chairs of each of the committees. It meets once a month to set the agenda for the full Board meetings and to place resolutions on the agenda. It also deals with any infrastructure issues. The Cultural Competency and Special Populations Committee looks at issues of cultural competency, and for the past two years has focused on the mentally ill who are homeless as a special population.

There is some expectation that the focus of the committees reflects the priorities of the Board as a whole. Committees can research in depth the priorities and then bring resolutions to the full Board. When the full Board passes a resolution, then members can speak to the Health Commission or Board of Supervisors as representing an official position of the Board. Ad hoc committees can also be formed to look at specific issues such as the mental health court.

Mr. Agar: May I suggest, without being critical of our process, because I've been part of it as everyone has, that in the future we could get together in groups of 4-5 to brainstorm priorities, and then have each group recommend one and only one priority. Then the debate is over and we have our priorities. I would certainly bow to the Committee priorities, but I want to speak on behalf of my top priority of learning about CMHS. Mr. Villalba: We said that that was a very important recommendation, and that we thought the way to deal with that was to have education and orientation at every Board meeting. And that we would have Mickey give us an orientation on the law that establishes the Mental Health Board as a mandated body.

Mr. Agar: I think the committees, at their next meeting, should look at the list and see what they can embrace that will help. The Cultural Competency and Special Populations Committee took on the homeless issue for two years, and we learned a lot, but I wish there was more to show for the time we spent. Mr. Villalba: We ought to look at what the boundaries and parameters are for our Board. This is a huge system, but we only meet once a month, and the Committees only meet once a month. Mr. Agar: On a Board level I think we've done tremendous things; I'm talking right now about the committee level.

Ms. Harrison: Three quarters of the priorities on the list are ongoing items. Things we'll always be doing.

Ms. Ruffin: As we're trying to be more focused about including CMHS as a whole, this list is helpful because CMHS is already working on each of these areas. This list will be a guide for me in covering the issues you're interested in hearing about at your Board meetings. I think you've done a good job with this list. One reason it's hard to pin it down any more than this is because all of these things are important and valued in CMHS as a whole.

Mr. Agar: I think it would be a tremendous report card, if at the end of the year, we could tally which of these items we've come back and focused on in some form or fashion. Ms. Harrison: We could figure out what specific things we're going to do.

Ms. Brooke: The Program and Services Committee helped make the Police Crisis Intervention Training happen. Marushka is no longer on the Board, but she's going to participate in the training itself. You have much more impact than you think. People know your names, even new members of the Board of Supervisors know you're here and expect to hear from you. It's easy to forget the kind of impact you've had.

Mr. Villalba: Anything we're going to look at is going to overlap into other areas. We can pick specific areas to study to make recommendations. Ms. Harrison: I like the whole list, because that gives us the freedom to exert our passion. Mr. Villalba: This is our list. Take it back to your committees. These are what we've identified, and let's pursue them, and meanwhile not forget the high-end users.

DIRECTOR'S REPORT

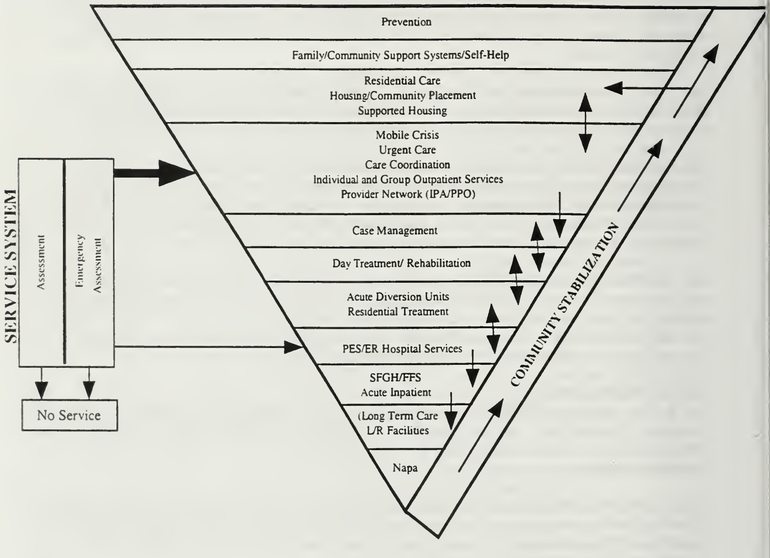
Ms. Ruffin: I thought I'd like to get started on my presentation of CMHS as a whole this evening. This handout I've just passed around is Jo's Upside Down Pyramid. This is an overall picture of what we're trying to do in mental health. It's a picture of where we've been and where we're trying to go.

This is a picture of an idealized system of care. The reason it is sitting on its nose instead of on its flat base is because it is a tenuously balanced system of care, and if you don't have the right balance of services it can fall over. Everything we're working on is toward building the right balance in the system.

The three services at the point of the pyramid are the high-end services. These are very expensive, and they tend to be involuntary services. We're trying to get the right balance with these services, not eliminate them. We want people to have lots more choices so they don't have to go to these services so often. If we can reach people before they get desperate there might be less need for these services. As we diminish the need for these services, then we can reinvest the dollars we save into other programs.

SAN FRANCISCO MENTAL HEALTH PLAN

SYSTEM OF CARE


Prevention
Family/Community Support Systems/Self-Help
Residential Care
Housing/Community Placement
Supported Housing
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Individual and Group Outpatient Services
Provider Network (IPA/PPO)
Case Management
Day Treatment/ Rehabilitation
Acute Diversion Units
Residential Treatment
PES/ER Hospital Services
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COMMUNITY STABILIZATION
SERVICE SYSTEM
Assessment
Emergency
Assessment
No Service

On the next level are Psychiatric Emergency Services and the Emergency Room, or hospital-based services. Next come the acute diversion programs, which are based in our residential services. These programs are not housing programs, but alternatives to high-end programs.

Next is Day Treatment or Rehabilitation. Then Mobile Crisis, Urgent Care, Care Coordination, Individual and Outpatient Services, and the Provider Network are support services and are community based. Three things that are somewhat limited in our community, but without them nothing else works are: Residential Care, Housing/Community Placement, and Supported Housing. Then come Family/Community Support Systems and Self-Help. We do well with this in Children's Services and with older adults, but not so well in the adult services.

The final element is prevention. We rarely have money for prevention, but there are things we want to do around prevention. Some of our children's programs are very much oriented toward primary prevention and are targeted at getting to high-risk families before problems develop.

Off to the side you'll see Assessment and Emergency Assessment. We are trying to move this up to the large arrow, which means we would be having assessments happen earlier than we do now.

In Children's Services, Child Crisis is available 24 hours a day and 7 days a week. They go to wherever the kids are. We don't have that 24/7 capability for our Mobile Crisis Team yet for adults. There's not enough funding for that.

We could draw a line down the middle of the pyramid, with one side representing CMHS and the other side representing our partners which we work closely with. These partners include Substance Abuse Services, probation, jails, foster care, DHS, and they are very important to us. That's where dual diagnosis issues and Proposition 36 issues come into play. In the Children's Services, our partners are often very different than for the adults, and Children's Services has done amazing things with partnerships and blended funding.

Ms. Harrison: I think this is brilliant. I'd love for you to tell us more about each part of this pyramid each meeting. I saw part of the Prop 36 money as money for mental health mobile crisis.

Mr. Wise: I helped a client this weekend who needed housing. I played case manager. We finally wound up somehow at the Coalition on Homelessness, where they gave us a list of the residential hotels. We called them one by one but there were no vacancies until we finally got one out of her price range, but in a safer neighborhood. The system is good, but the devil is in the details. I was hoping there was some way to get emergency housing. Sometimes we have to go outside CMHS, because the system is so cumbersome. Ms. Ruffin: It's not a perfect system, and there aren't enough resources. One reason I'm such a supporter of self help is that no matter how many case managers we have, we can't provide a support system to each person who is without family.

Ms. Ruffin presented additional items as follows:

MEDICATION ADHERENCE PILOT PROGRAM. Eli Lilly and Company has awarded Community Mental Health Services a grant of $250,000 to implement a pilot program to improve medication adherence for severe and chronically mentally ill clients. This is a two year grant which will test the use of "Directly Observed Therapy" (DOT) with at least twenty-five clients who are identified as acute services recidivists by our inpatient authorization team and have been non-adherent to their medication regimen. DOT is a well-tested strategy that has previously been implemented within our own department's TB Control section. DOT was shown to significantly improve compliance with the medication regimen for clients who tested positive for TB and thereby decreased the incidence and prevalence of TB within San Francisco. This project will be based at Westside Community Mental Health.

BUDGET. The Department continues to negotiate with the Mayor's Office regarding the DPH budget request for FY2001-2002 approved at last month's Health Commission. The request includes an additional $22 million to the base budget to replace lost revenues, to cover 2% for a Civil Service COLA, and to cover pharmacy increases. The only new programs allowed by the Mayor are revenue funded or funded through reallocation of dollars. We included some added MediCal for continued integration of mental health and substance abuse dual diagnosis services in addition to the AB2034 homeless program. No added COLAS are included for civil service or contractors per the Mayors Office's directions. The Commission forwarded a strong recommendation to the Mayors Office to add COLAS to the budget. If we do not receive funding for COLAs, then services will have to be reduced in order to adequately pay for the increased cost of doing business in civil service and contract programs.

POLICE CRISIS INTERVENTION TRAINING (PCIT). In partnership with Caduceus, the Coalition on Homelessness, the MHB and due to special funding by Supervisor Tom Ammiano, $180,000 was set aside to pilot San Francisco's PCIT, which is based on very successful programs in Memphis and San Jose. The curriculum committee has designed a special curriculum San Francisco will be using. The first training will be a 40-hour program that will be held at the Golden Gate Club at the Presidio on May 21-24th. On the second training day, officers will go out in the morning to treatment programs and spend time talking and hanging out with clients. They'll return to the Golden Gate Club for a special luncheon with selected clients and family members. Then they'll go out again to visit more sites in the afternoon. The curriculum committee consists of Jo Robinson from Jail Health Services, Carolyn Kaufman from Mobile Crisis, Helynna Brooke from the Mental Health Board, and Mike Sullivan, the ADA officer for the Police Department. There is an excellent working partnership between Community Mental Health Services and the Police Department on this project. Officers are now volunteering to attend the first training and already there is a great deal of enthusiasm being generated.

FOSTER CARE MENTAL HEALTH PROGRAM PRESENTATION. On October 28, 2001, George Fouras, MD, Medical Director and Marilyn Curry, LCSW, Clinical Coordinator of San Francisco's DPH, CMHS, Foster Care Mental Health Program presented at the American Academy of Child & Adolescent Psychiatry's annual meeting in New York City. In their presentation the FCMHP's historical development was outlined, along with the FCMHP's mission and goals and the signing of the MOU between CMHS & DHS. Also presented was the creation of the San Francisco Mental Health Plan's Private Practitioner Network (PPN) that serves foster children, the delivery of mental health services, utilization review and quality improvement activities and remaining program challenges. The Foster Care Mental Health Plan Program is cutting edge in its collaboration with DHS, as reflected in joint program planning and development, blended funding, shared procedures and protocols and ongoing monthly collaborative meetings. We give accolades to George Fouras and Marilyn Curry for developing a presentation that offered valuable information to the public about the FCMHP. They delivered an informative and organized presentation that was well received by an interested national audience who eagerly sought information to improve their efforts to better serve foster children and their families.

AB 2034. Now that most of the AB2034 staff have been selected and hired, the month of March is devoted to staff orientation and training. There will be trainings on the Recovery Model and the PACT model. In addition to on site training and inservices, three staff will participate in the three-day Village Immersion Program in Long Beach, California. Funding for this training of AB2034 staff is provided by the CIMH. In April, the new staff team will be ready to accept new referrals to the AB2034 program. A comprehensive array of services will be available to a total of 120 homeless, seriously mentally ill (SMI) adults and transitional youth (ages 18-24) who have not previously linked to CMHS services. The focus will be on homeless, SMI individuals who are being treated in acute services, at risk for incarceration in the jail system, or living the streets or shelters.

LOUISE ROGERS. We welcome back Louise Rogers who returned from maternity leave on March 12, 2001. She will reassume responsibilities for planning and risk management as part of the Executive Team.

INTAKE ACCESS. Linda Wang, Adult and Older Adult System of Care Director, together with the adult services program directors and staff are working to implement the plan to re-open intake access at all adult programs. As the safety net provider we must maintain access for consumers. We are streamlining some administrative functions to assist clinics in developing their plans to organize services to meet this need. I greatly appreciate everyone's efforts to accomplish this.

ST. MARY'S
The Proposition Q hearing will be on March 20th at the Health Commission.

EXECUTIVE DIRECTOR'S REPORT

Ms. Brooke: The Finance Committee of the Board of Supervisors passed the budget for full funding for the Police Crisis Intervention Training this afternoon. Marykate Connor of Caduceus Outreach started proposing this 5 years ago, and 2 years ago Tom Ammiano put it in the budget. But the money still had to be released, and this depended on having the whole program design in place. The first session will be held on May 21-24th of this year. This training is voluntary for police officers and is open to the entire department. There will be 30 officers total. Officers are already calling to volunteer. The next training will be in October. In San Jose, they've trained 120 officers, and these trained officers are starting to model for other officers what works. So even though they haven't trained the whole Department, they are having a big impact.

I want to start actively setting up Supervisor appointments, so I will be calling you to set up meetings.

PUBLIC COMMENT
Mr. Purvis: I think the pyramid chart is great, but in the case of my wife, how do I get her started? Perhaps if she were hospitalized for a short time to get stabilized, then she could get into treatment. Ms. Ruffin: We should add outreach into this chart. We want to engage in outreach even when people don't meet the 5150 criteria. Sometimes this kind of outreach can be very successful.

Mr. Dorsey: I lived in Conard house for years. The police were often called when people were out of control. The police were actually pretty good. Only once did I see them put someone in handcuffs.

Dr. Kitzes: This DOT pilot program could show how people move from being low-end to high-end users. I think this is a golden opportunity.

Mr. Evans: I was homeless for a long time, and I had alcohol problems in the 70's for a long time, and even in places like Westside, there's a lot of discrimination. I went there one time and told them I was suicidal, and they let me walk, and that just wasn't right. In places where you least expect it, they need more training.

Ms. Milfay: My son asked for help and his psychiatrist didn't believe him until he talked about killing me, and then it was suddenly a big crisis. In the hospital I don't know if the clients are actually told about the services and support they could get outside the hospital.

Dr. Kitzes: Clinicians definitely need training, even though that's their field. They get scared when people are talking about suicide.

Mr. Kalman: How much money is in the budget for prevention? Is it outsourced or in-house?

Ms. Ruffin: I'll find out. We have a prevention department in the Public Health Department under Dr. Larry Meredith.

Mr. Villalba: That whole subject area may be one we want to hear about during the year.

There being no further business, the meeting was adjourned at 8:32 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, April 11, 2001
1380 Howard, Room 537
6:30 p.m.

AGENDA

Public comments will be taken for each agenda item.

1.0 CALL TO ORDER AND CONSENT CALENDAR (10 minutes)

For discussion and proposed action

1.1 Call to Order and Announcements from the Chair

1.2 Consent Calendar (Attachment A)

1.2.a PROPOSED ACTION: Resolution that the Board approve the minutes of the MHB meeting on February 14, 2001.

1.2.b PROPOSED ACTION: Resolution that the Board approve the minutes of the MHB meeting on March 14, 2001.

1.2.c PROPOSED ACTION: Resolution approving leaves of absence for the MHB meeting on March 14, 2001: Jim Beauford, April Martin Chartrand, Peggy Gilleran, Lora Traveler.

1.2.d PROPOSED ACTION: Resolution approving leaves of absence for the MHB meeting on April 11, 2001: April Martin Chartrand.

2.0 PRIORITIES FOR 2001, ANNUAL REPORT, RECEPTION, AND PROCEDURAL ITEMS (50 minutes)

For discussion and proposed action

The Board will focus on internal business. There will be a summary of the Board's chosen priorities for the year, discussion of the Annual Report for 2001 and Annual Reception. There will also be discussion regarding attendance, leaves of absences, and program reviews. There will be no formal presentation.

2.1 PROPOSED ACTION: Resolution that the Board approve the writing and publication of its Annual Report.

2.2 PROPOSED ACTION: Resolution that the Board hold a Reception for the Board of Supervisors and their staff and the Mayor in the Mayor's Conference Room at City Hall in May or June 2001.

3.0 DIRECTORS REPORTS (30 minutes)

For discussion

3.1 Report from the Director of Community Mental Health Services

A report on the activities and operations of Community Mental Health Services, including budget, planning, policy, and programs and services.

3.2 Report from the Executive Director of the Mental Health Board

A report including updates and announcements regarding the activities and operations of the Board.

4.0 MENTAL HEALTH BOARD COMMITTEES (20 minutes)

For discussion and proposed action

4.1 Report of the Chair of the Board and Executive Committee

Updates and announcements regarding discussions and actions of the Chair and the Executive Committee.

4.1.a PROPOSED ACTION: The Board approves a resolution commending the Proposition 36 Steering Committee. (Attachment B)

4.1.b PROPOSED ACTION: The Board approves a resolution asking that a joint health and housing emergency be declared in San Francisco. (Attachment C)

4.1.c PROPOSED ACTION: The Board approves a resolution commending Supervisor Tom Ammiano and Chief Fred Lau. (Attachment D)

4.1.d PROPOSED ACTION: The Board approves a resolution commending John Brauer and Community Vocational Enterprises. (Attachment E)

4.1.e PROPOSED ACTION: The Board approves a resolution commending Diana Ming Chan and Clarence K. Chan for their gift of $500,000 to place social workers in the schools. (Attachment F)

4.2 Children's Committee

No report.

4.3 Cultural Competency & Special Populations Committee

No report.

4.4 Program and Services Committee

Focus for 2001

4.5 State Liaison

A report on developments regarding mental health services, policy, and funding at the state level, including the California legislature, the State Department of Mental Health, and other statewide advocacy or policy organizations.

5.0 PUBLIC COMMENT (10 minutes)

This is an opportunity for members of the public to address the Mental Health Board on items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board. Additionally, public comments will be taken for each agenda item.

This agenda and all attachments can be viewed at: www.ci.sf.ca.us/mental_health. Attachments are also available at the Mental Health Board Office, 1380 Howard Street, Suite 510, telephone 255-3474.

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) 5 days before the meeting. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in Room 537. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Down-town Loop and the 72 Haight/Noriega. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. The main entrance to 1380 Howard is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Alley which runs on the opposite side of the building from 10th Street.

4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Donna Hall
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Ms. Hall, or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.ci.sf.ca.us/sunshine.htm**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.ci.sf.ca.us/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

ATTENTION: Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (SF Administrative Code 16.520-16.534) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact:

Ethics Commission
1390 Market Street #701
San Francisco, CA 94102
Telephone (415) 554-9510
Fax: (415) 703-0121
Website: **www.ci.sf.ca.us/ethics**

SAN FRANCISCO MENTAL HEALTH BOARD

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MENTAL HEALTH BOARD
ATTACHMENT A
April 11, 2001

CONSENT CALENDAR

All items on the Consent Calendar are handled through a single vote. There will be no discussion unless a member requests it, in which case the item will be removed from Consent Calendar and discussed. Additional names may be added to the leave of absence resolution during the meeting.

1.2.a **PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of February 14, 2001, be approved as submitted.**

1.2.b **ROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of March 14, 2001, be approved as submitted.**

1.2.c **PROPOSED RESOLUTION: Be it resolved that the Mental Health Board grants leaves of absence for the meeting of March 14, 2001, to the following members: James Beauford, April Martin Chartrand, Peggy Gilleran, Lora Traveler.**

1.2.d **PROPOSED RESOLUTION: Be it resolved that the Mental Health Board grants leaves of absence for the meeting of April 11, 2001, to the following members: April Martin Chartrand.**

SAN FRANCISCO MENTAL HEALTH BOARD

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MENTAL HEALTH BOARD
ATTACHMENT B
April 11, 2001

PROPOSED RESOLUTION:
COMMENDING THE PROPOSITION 36 STEERING COMMITTEE

BE IT RESOLVED, that the Mental Health Board of San Francisco commends the Proposition 36 Steering Committee for selecting the Deparetment of Public Health to be the lead agency in providing Proposition 36 services in conjunction with the criminal justice system, and further,

BE IT RESOLVED, that the Mental Health Board strongly supports the inclusion of a mental health assessment in the overall assessment process for clients coming into Proposition 36 services.

Frequently Asked Questions About Proposition 36

Produced by the Campaign for New Drug Policies

December 18, 2000

EFFECTIVE DATE

Q: Is Prop. 36 in effect yet?

A: Only that portion of the measure appropriating $60 million in start-up funds took effect immediately upon passage of the initiative.

The criminal law provisions of Prop. 36 take effect July 1, 2001. This includes the rules for processing new drug possession convictions, probation violations, and drug-related parole violations.

Q: What if an offender is caught before July 1?

A: Prop. 36 is not retroactive, and therefore, generally Prop. 36 will not apply to offenses before its effective date. However, the date of conviction, not arrest, determines a person's eligibility. Therefore, a person arrested on June 15, 2001, but convicted after July 1, would be eligible for treatment.

Some persons whose offenses predate the initiative will still be affected by the new law. See the sections below on probation and parole violations.

WHO QUALIFIES

Q: What is the full range of offenses covered by Proposition 36? Who is excluded?

A: Beginning July 1, 2001, Prop. 36 generally applies to three classes of people: 1) those with new convictions for drug possession or being under-the-influence, 2) persons on probation for drug possession or under-the-influence offenses, and 3) persons on parole with no prior convictions for a serious or violent felony.

New convictions: People with new convictions for drug offenses qualify for treatment provided that they are not convicted of sale or manufacture or any non-drug crimes at the same time. Offenders are excluded if they have a prior conviction for a serious or violent felony (a "strike"), unless they have served their prison time and have been out of prison for five years with no felony convictions or misdemeanor convictions involving the threat of violence. Finally, individual offenders may "opt-out" of treatment by formally refusing it, in which case they face sentencing under pre-existing law.

Persons on probation: Once Prop. 36 takes effect, its probation-violation procedures will apply to people previously convicted of a Prop. 36-qualifying drug offense, if they violate a condition of probation deemed to be "drug-related." In essence, this means that some drug offenders who would have qualified for Prop. 36 treatment will get it, instead of facing jail time, if they test positive for drug use or violate other probation conditions. Within two to three years, this category of offenders will simply disappear, once current probation terms expire and all new drug convictions are being processed under Prop. 36.

Nonviolent parole violators: After July 1, 2001, a person on parole who commits a non-violent drug possession offense or who violates a drug-related condition of parole may be eligible for a treatment regimen in the community, instead of return to prison. To qualify, the parolee must have no prior convictions at any time for a serious or violent felony. Parole authorities, rather than the courts, will set monitoring conditions for these parole violators, and will punish violations of the treatment program.

Q: What if an offender has been previously convicted of another crime that would not fall under the auspices of Prop. 36? Can he still qualify for diversion?

A: It depends on the nature of the previous offense or offenses. As discussed above, any prior violent or serious felonies disqualify a person for consideration for Prop. 36 treatment. The exception to this rule is when the person has served the associated prison time and has been free for five years without committing a felony or violent misdemeanor.

Other kinds of prior offenses are not disqualifying.

Finally, one group of persons — nonviolent parolees — will qualify for Prop. 36 treatment if they violate parole by using or possessing drugs. The person need not be on parole for a Prop. 36 offense. However, the person's criminal history may not include a serious or violent felony conviction.

Q: Will the passage of Prop. 36 change drug possession or intent-to-sell laws? Who determines an offender's intent to sell and the amount that indicates trafficking?

A: Prop. 36 does not directly affect the laws against drug possession or related crimes. It only affects the punishment imposed on persons who meet the criteria for eligibility for treatment instead of jail time. Those who qualify are granted probation and required to complete a treatment program.

Prop. 36 has no effect on persons convicted of drug sales, manufacturing, or possession with intent to sell. They are excluded from treatment that is funded under the new law, but may be eligible for diversion under other programs.

Neither Prop. 36 nor current law specifically defines the amounts of drugs that determine a person's intent to sell or distribute those substances. Obviously, very large amounts of drugs will trigger distribution or "intent-to-sell" charges. Prosecutors appear to prefer the flexibility that comes with a discretionary standard — smaller amounts of drugs can be charged as possession-with-intent if there are other circumstances that indicate a person was involved in or planning sales of the drugs in question. The decision is made case-by-case by the prosecutor examining the facts of each offense, and certain facts must be proved to secure a conviction for possession-with-intent. Prosecutorial discretion in such cases will not change under Prop. 36.

HOW PROP. 36 WORKS

Q: What does Prop. 36 "court supervised" treatment entail?

A: Prop. 36 takes effect when a person has been convicted of a drug possession or under-the-influence offense. Instead of ordering jail time, the judge must place that person on probation and require completion of a drug treatment program lasting up to one year.

The judge may set any range of conditions of probation to monitor the offender's progress. These may include regular check-ins with a probation officer or court appearances, a requirement to pay a share of treatment costs, drug testing and other restrictions on the person's place of residence, associations, or lifestyle.

If the offender violates any of the court's conditions, he or she faces the risk of having probation violated or revoked. Otherwise, the treatment provider selected by the court will provide regular progress reports through the required course of treatment.

At the end of the required treatment regimen, the offender may petition the court to dismiss the drug charges. If the court finds that the person complied with the probation conditions and that treatment was "successful," charges may be dismissed, and the defendant will be obliged to disclose the fact that he or she was arrested only in certain specified circumstances.

Q: What happens if an offender violates probation granted under Prop. 36?

A: Prop. 36 defines two kinds of probation violations: drug-related violations such as relapse, and non-drug-related violations. A person whose violation is not directly related to drug use — such as failure to check in with a probation officer, or defiance of other conditions — can have probation terminated at once and the person faces sentencing under pre-existing law.

For drug-related violations, Prop. 36 spells out a process in which the consequences vary based on the severity and number of violations. For the first violation, the most common consequence will be that the court will order the person into a more restrictive treatment program. If, however, the court finds that the person is "a danger to the safety of others," that person can have probation revoked immediately.

Upon a second violation, the court again has the option of transferring the offender to a more rigorous treatment program. But the court may also revoke probation using a simpler standard — that the defendant has proved to be "unamenable to treatment."

If the defendant stays in treatment after two drug-related violations, and a third violation is proved, the protections of Prop. 36 disappear, and the person faces sentencing under pre-existing law, which allows incarceration for one to three years.

Q: What options and tools do judges really have?

A: Judges have a great deal of flexibility to handle each drug offender differently under Prop. 36. The range of treatment options may vary from county to county, along with caseloads in each program. The judge can set any range of probation conditions, from the relatively modest requirement that the defendant not be re-arrested during the probation period, through the other extreme — heavy monitoring by the court and probation department, along with regular drug testing.

If there is a probation violation, the judge can respond in several ways. The judge can impose sanctions, change the person's required treatment program, tighten probation conditions, or even revoke probation and drop the person out of Prop. 36 treatment entirely.

Defendants who hope to have their drug charges dismissed will need to impress the judge with their compliance with the court's orders, because, after completing treatment, the defendant must apply to the sentencing judge to receive that benefit. This dynamic enhances the judge's authority with the offender throughout the course of treatment.

DRUG TREATMENT

Q: Does California have the capacity now to offer treatment to all the people who will qualify under Prop. 36?

A: No. The new law anticipates the need to add many more treatment slots. But adding capacity may not be the overwhelming challenge some fear.

Prop. 36 recognizes that drug treatment services have been neglected in California, and that new investment is necessary. The measure contains $660 million in new, additional funding for drug treatment during a five and one-half year span. The first $60 million should be distributed to counties by the beginning of calendar year 2001, to be used to build capacity before the first person enters Prop. 36 treatment on July 1. Beginning on that day, an additional $120 million per year will be made available each year through fiscal year 2005-2006.

California now provides publicly funded drug treatment to nearly 100,000 people each year. An additional 25,000 receive treatment for alcohol-related problems. An estimated 36,000 new clients will enter drug treatment programs each year in addition to these individuals, as a result of Prop. 36. This means we need to add significantly to capacity, but it is an achievable goal.

Q: What are the minimum requirements for drug treatment facilities under Prop. 36?

A: Programs must be "licensed and/or certified" to receive Prop. 36 funds or defendants processed under the new law. They may not be offered within a prison or jail facility.

Licensing and certification are currently provided by the state and counties, as well as private organizations such as the California Association of Alcoholism and Drug Abuse Counselors. The state Department of Alcohol and Drug Programs may establish uniform state standards, or local governments could devise their own standards and require programs within their reach to meet those standards.

Q: What counts as "drug treatment" under Prop. 36?

A: Besides the licensing/certification requirement, a program may include one or more of the following: outpatient treatment, half-way house treatment, narcotic replacement therapy (such as methadone and similar substances), drug education or prevention courses, detox, or limited inpatient treatment. These categories can embrace a wide variety of treatment modalities.

Q: Do additional life-skills and counseling services qualify as drug treatment? Are such programs entitled to receive Prop. 36 funds?

A: Support services do not qualify as drug treatment by themselves, though judges may require defendants to complete literacy training, vocational training or family counseling programs in addition to drug treatment.

When required for a Prop. 36 defendant, these programs are expressly allowed to be paid for out of the funds provided in the initiative. Also, drug education programs qualify as drug treatment.

Thus, a court could order as a condition of probation drug education and literacy training for a defendant who was not addicted to drugs but who could benefit from these services.

Q: Who licenses treatment facilities? What is the process? Who would a potential provider contact?

A: The state Department of Alcohol and Drug Programs currently licenses drug treatment facilities and provides certification of certain kinds of facilities.

In response to Prop. 36, the department is re-evaluating its licensing and certification processes, and it may develop new regulations in the near future. For this reason, any potential treatment provider should be directly in contact with the department: Department of Alcohol and Drug Programs, 1700 K Street, Sacramento, CA, 95814, (916) 322-2911, fax: (916) 323-0659.

FUNDING

Q: Who will allocate Prop.36 funds?

A: The state Department of Alcohol and Drug Programs (ADP) will receive the initial appropriations each year from the state's General Fund. After the first $60 million is spent to prepare for the first defendants coming into the system July 1, 2001, an additional $120 million is appropriated each year for the next five years.

ADP will distribute Prop. 36 funds to counties, using a formula that has yet to be determined.

Q: How will the funds be allocated?

A: Prop. 36 requires that ADP use a "fair and equitable distribution formula" that is meant to approximate the need for these funds. ADP must consider such factors as per capita arrests for drug possession and drug treatment caseload. If ADP determines that a particular county is not adequately meeting the need for treatment, the state agency may initiate a direct contract with a provider to offer treatment in that county.

Q: What is the formula that determines the amount of money that each county will get from the state?

A: As indicated above, ADP must consider the need within each county and use a "fair and equitable" formula in parceling out Prop. 36 funds. The specific formula is at the discretion of the Department. Officials are now working to create a formula for the new funds available for the first six months of 2001. The formula presumably would be subject to annual revision, as circumstances change in each county.

Q: Who will manage the funds at the county level?

A: The most common practice of ADP in distributing drug treatment funds is to provide money directly to county-level departments of Alcohol and Drug Programs. The agency may choose to follow this pattern with Prop. 36 funds, or may use another method. The new law requires that funds be distributed "to counties." Because courts and probation departments may also seek reimbursements from Prop. 36 funds, the exact method of fund management at the local level might vary from county to county.

Q: Where will Prop. 36 funds come from? Do these funds merely replace existing appropriations?

A: Prop. 36 mandates a direct appropriation from the state's General Fund each year without reference to the annual budget process. This means that none of its funds are subject to legislative or gubernatorial approval.

Prop. 36 funds cannot be used, according to the new law, "to supplant funds from any existing fund source or mechanism currently used to provide substance abuse treatment." In other words, these new funds must be added to any pre-existing funds, not used to replace them. This is good news for counties and treatment providers, as there is a guarantee that current funding will not drop off in response to the newly created appropriation. •

Q: Is $120 million per year going to be enough? Is more money available?

A: Most projections indicate that the funds contained in Prop. 36 will be sufficient to pay for the additional treatment slots the new law makes necessary. The latest estimate, by the RAND Corporation, suggests that between $92 million and $114 million will be needed to pay for all of the treatment necessitated by the law.

The new law does permit additional claims on its funds. Courts and probation departments may seek reimbursement for some new costs they incur handling Prop. 36 defendants. However, it would be a violation of the intent of Prop. 36 if these costs took precedence over costs associated with treatment.

During the 2001 session, the Legislature is expected to consider additional, supplementary appropriations for Prop. 36 implementation, for treatment services and related costs including probation costs.

Q: What factors might influence the actual expenses under Prop. 36?

A: The RAND cost models assume that a quarter or more of the individuals receiving treatment would receive the most expensive form — long-term residential treatment. As this assumption indicates, choices made at the county level could greatly affect the actual costs of Prop. 36.

An unknown amount of the new costs will be covered by the individuals required to seek treatment, due to a provision allowing judges to insist that offenders who can reasonably afford to must pay some or all of their own treatment costs. The Legislative Analyst simply estimated this provision would offset treatment costs by several million dollars per year.

Finally, the actual number of offenders could vary from the Legislative Analyst's projection of 36,000 people per year. Prosecutors might reduce the number of offenders charged with drug possession and therefore eligible for Prop. 36 treatment. A larger than expected number of first-time felony offenders or misdemeanor drug possession offenders might opt for treatment, rather than refusing treatment and taking the punishment provided under pre-existing law. The choices made by individual offenders will naturally affect the number entering treatment.

URINE TESTING

Q: Why wasn't funding for urine testing included in Prop. 36?

A. The sponsors of Prop. 36 believed that urine testing was too often being substituted for quality drug treatment within the criminal justice system. Given current practices, the sponsors feared that the new money provided by Prop. 36 would be overwhelmingly directed to monitoring offenders with urine testing, rather than being used to build the treatment infrastructure in California, as was intended. For this reason, the $120 million appropriated by Prop. 36 is directed to providing treatment services and not urine testing.

Q: Will urine testing be required of Prop. 36 offenders? If so, how will it be paid for?

A: Judges can order urine testing of Prop. 36 offenders. The testing can be required as a condition of probation. The actual tests could be conducted by the treatment provider, probation department, or court staff, depending on the judge's preference. However, because Prop. 36 emphasizes a medical approach to drug use, drug testing is most appropriately conducted and evaluated by the treatment provider.

Nothing in Prop. 36 prevents currently available treatment funds or court system funds from being used to conduct urine screens of Prop. 36 defendants. Also, judges can order offenders to pay for their own testing. If it can be demonstrated that more money is needed than is now available, the Legislature can consider a supplementary appropriation to ensure that sufficient monitoring can be done.

EVALUATING SUCCESS OR FAILURE

Q: How will the public learn whether Prop. 36 is working? Who is responsible for collecting data and reporting on progress?

A: Prop. 36 requires both annual and long-term studies of its effectiveness. The annual study will be published by the main agency implementing Prop. 36, the Department of Alcohol and Drug Programs. That department will also contract with a public university in California for a long-term study of the new law.

Each year, counties will be required to report basic data to the state — the number of Prop. 36 offenders, the kinds of treatment programs they enter, and the completion or failure rates of these offenders. The department will compile these data into a public report that will also evaluate the implementation process, any reduced social costs attributable to the initiative, and other impacts or issues.

City and County of San Francisco Proposition 36 Steering Committee

Elizabeth Aguilar-Tarchi
Assistant District Attorney
City and County of San Francisco

Tom Ammiano
President, Board of Supervisors
City and County of San Francisco

Judy Appel
Deputy Director
The Lindesmith Center, Office of Legal Affairs

Kimiko Burton-Cruz
Public Defender
City and County of San Francisco

Cynthia Caporizzo
Director of Policy and Planning
Mayor's Criminal Justice Council

Armando Cervantes
Chief Adult Probation Officer
Adult Probation Department

Ronnie Davis
Executive Director
Housing Authority

Barbara Garcia*
Director, Population Health and Prevention
San Francisco Department of Public Health

Terence Hallinan*
District Attorney
City and County of San Francisco

Phyllis Harding
Director, Community Substance Abuse Services
San Francisco Department of Public Health

Patricia Harrison
Chair
Treatment on Demand Council

Pamela Levin
Assistant Controller
Controller

Newton Lam
Bail Commissioner
Superior Court County of San Francisco

Fred Lau
Chief of Police
City and County of San Francisco

Michael Marcum
Assistant Sheriff
City and County of San Francisco

Judge Tomar Mason
Superior Court Judge
City and County of San Francisco

Tom Neill
Manager, CAAP Behavioral Health Services
Department of Human Services

Ann Quirk
Community Member
Youth Industry

Louise Renne
City Attorney
City and County of San Francisco

Nika Saint Claire
President
Alcohol and Drug Association

Aisha Stevens
Community Member

Matonia Williams
President
CAAB/DAAB

* Co-Chairs

Proposition 36 Planning Calendar

(Updated March 8th)

2001

Monday	Tuesday	Wednesday	Thursday	Friday
26-Feb	27-Feb	28-Feb **Steering Committee Meeting** West Bay Conference Center 1:00-4:00pm	1-Mar	2-Mar
5-Mar	6-Mar **Health Commission**	7-Mar	8-Mar	9-Mar
12-Mar **CJ Sub-Committee** 25 Van Ness, 330A 5:30-7:30pm	13-Mar	14-Mar	15-Mar **Treatment Sub-Committee** 25 Van Ness, 330A 5:30-7:30pm	16-Mar **DAME Sub-Committee** 101 Grove, Room 220 2:00-4:00pm
19-Mar **CJ Sub-Committee** 25 Van Ness, 330A 3:00-5:00pm	20-Mar **Health Commission**	21-Mar	**Treatment** 22-Mar **Sub-Committee** CHN Headquarters Room #2001 2789 25th Street 2:00-4:00pm	23-Mar **DAME Sub-Committee** 101 Grove, Room 302 2:00-4:00pm
26-Mar **CJ Sub-Committee** 25 Van Ness, 330A 3:00-5:00pm	27-Mar	28-Mar **Steering Committee Meeting** Glide Memorial UMC 1:00-4:00pm	29-Mar **Treatment Sub-Committee** 25 Van Ness, 330A 5:30-7:30pm	30-Mar **DAME Sub-Committee** 101 Grove, Room 220 2:00-4:00pm
2-Apr **CJ Sub-Committee** 25 Van Ness, 330A 3:00-5:00pm	3-Apr **Health Commission**	4-Apr	5-Apr **Treatment Sub-Committee** Location TBD 2:00-4:00pm	6-Apr **DAME Sub-Committee** 101 Grove, Room 220 2:00-4:00pm
9-Apr **CJ Sub-Committee** 25 Van Ness, 330A 5:30-7:30pm	10-Apr	11-Apr	**Treatment** 12-Apr **Sub-Committee** CHN Headquarters Room #2001 2789 25th Street 2:00-4:00pm	13-Apr **DAME Sub-Committee** 101 Grove, Room 220 2:00-4:00pm
16-Apr	17-Apr **Health Commission**	18-Apr **Steering Committee Meeting** Bayview Opera House 1:00-4:00pm		

CJ: Criminal Justice

DAME: Data, Assessment, Monitoring & Evaluation

To confirm meeting times and locations, please contact Rob Bannon at (415) 255-3908

SAN FRANCISCO MENTAL HEALTH BOARD

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MENTAL HEALTH BOARD
ATTACHMENT C
April 11, 2001

PROPOSED RESOLUTION:
DECLARING A JOINT HEALTH AND HOUSING EMERGENCY IN SAN FRANCISCO

WHEREAS, the City and County of San Francisco is at a critical turning point for its mental health, health, and human services, and

WHEREAS, the current real-estate market in San Francisco is the toughest in the city's history, and one of the most challenging anywhere in the country, and

WHEREAS, many programs operated both by the City and by contractors are having a very difficult time finding staff willing to work for salaries which are simply too low as compared to the housing costs in San Francisco, and

WHEREAS, certain departmental procedures created in less difficult times are not responsive to the current crisis, for example, a long hiring process in Civil Srevice, which may mean that an extremely well qualified candidate for a position who is ready to go to work at a program that is desperate for good staff, accepts another job because the City's process takes so long, and

WHEREAS, private practitioners in the provider network for Community Mental Health Services are receiving rates of reimbursement that are significantly below market rate to begin with ($32.50/hour), and are now facing the doubling and tripling of their rents, as well as major increases in utility bills, and are therefore facing the prospect of losing money by providing services to the City, or dropping out of the provider network altogether, and

WHEREAS, many Board & Care programs are in jeopardy, because the owners cannot meet their costs, given the level of the reimbursements they receive for their services, and

WHEREAS, it would be impossible in this housing market to replace any Board and Care homes which are forced out of business, and

WHEREAS, rents for other treatment and residential programs, have increased to an impossible level, and once lost, these programs would prove impossible to replace in an equivalent way, and

WHEREAS, federal and state government is shifting costs to local government by a remarkable and unprecedented rate of disallowing claims for Medicare and Medi-Cal, and through other cuts to funding for health programs, and

WHEREAS, the housing crisis in San Francisco is related to the medical crisis, in that people who are unable to retain affordable housing are generally unable to stabilize and improve their medical conditions, let alone prevent further deterioration, and

WHEREAS, an extraordinary number of people in our city are uninsured or underinsured, and many private companies are not providing adequate coverage, leaving the public health system to provide services at public expense, and

WHEREAS, Community Mental Health Services, in particular, and the Department of Public Health, in general, have made significant strides forward in the past several years in instituting cost-effectiveness and treatment effectiveness measures, such as the ACCESS line, the Single Point of Responsibility programs, and the increased use of state-of-the-art medications, and that to interrupt that progress in any way would not make good business sense, and

WHEREAS, the Mental Health Board believes that a community has a moral duty to care for those people who are ill, suffering, in trouble, and in need, and

WHEREAS, the Mental Health Board further believes that a strong and effective public health system directly benefits all neighborhoods and economic sectors of the community, now, therefore,

BE IT RESOLVED, that the Mental Health Board urges the Health Commission, the Public Health Department, the Mayor's Office and the Board of Supervisors to take all necessary steps to preserve and defend the vital, state-of-the art services the city has invested in and developed through years of intensive effort, and

BE IT FURTHER RESOLVED, that the Mental Health Board urges the Health Commission, the Public Health Department, the Mayor's Office and the Board of Supervisors to do everything in their power to provide significant cost of living increases to all programs, including most urgently, the contractors and Board & Care homes, and

BE IT FURTHER RESOLVED, that the City and County of San Francisco review departmental procedures to make them more responsive to the current crisis, such as significantly shortening the time line on Civil Service hiring without sacrificing quality, and supporting adminstrators who are successful at bringing in significant new money by providing them with strategic staff support so they can leverage even more funding, and

BE IT FURTHER RESOLVED, that the Mental Health Board of San Francisco urges in the strongest possible terms that the Mayor, the Board of Supervisors, and the Health Commission:

1. Declare a joint Health and Housing Emergency in the City and County of San Francisco, and

2. View this emergency from the larger perspective that San Francisco as a community clearly has the financial capacity to adequately care for those in need, and

3. Honor the economic reality that if the budget of the Department of Public Health is held at current levels for the new fiscal year, valued, time-honored, irreplaceable programs and housing will be put in serious jeopardy, and

4. Take whatever steps are necessary to increase City revenues in a fair and progressive manner, closing loopholes and making sure that the City is generating full value on property assessments, licensing fees, and contracts, and

BE IT FURTHER RESOLVED, the Mental Health Board urges that the Mayor, the Board of Supervisors, and the Health Commission to mobilize all the contacts, persuasiveness and strategic political power available to them to:

1. Do everything possible to take affordable housing out of the speculative market to protect it, and

2. Convince both federal and state legislatures to ensure adequate health care for all citizens on a national and state basis, as a basic human right and common human need, thereby decreasing the burden on local jurisdictions and local taxpayers, and

3. Continue to support the call for a national plan to end homelessness, so that the larger factors which cause homelessness can be seriously and effectively addressed, and so that every state and municipality will be required to take responsibility for the needs of their homeless citizens, and thus cities such as San Francisco will not have to bear more than their fair share.

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MENTAL HEALTH BOARD
ATTACHMENT D
Apruil 11, 2001

PROPOSED RESOLUTION: COMMENDING SUPERVISOR TOM AMMIANO AND CHIEF FRED LAU

WHEREAS, twenty-five percent of the calls to the San Francisco police involve an issue of mental illness, and

WHEREAS, these are often challenging and difficult calls, and

WHEREAS, police officers are not trained to be social workers and mental health clinicians, and

WHEREAS, the Police Crisis Intervention Project has been successfully tested for serveral years in Memphis and San Jose, and

WHEREAS, the intensive mental health training these projects provide to police officers have made a significant and positive difference in police interventions with the mentally ill and their families, and

WHEREAS, these projects have proven to be very popular both with police officers and with the mental health community, and

WHEREAS, Supervisor Tom Ammiano took action to ensure pilot funding for a Police Crisis Intervention Project in San Francisco, and has continued to shepherd the program, generously giving it his time and attention, and

WHEREAS, Chief Fred Lau and the San Francisco Police Department have been working in genuine partnership with Community Mental Health Services and Jail Psychiatric Services in developing a custom-designed curriculum for the San Francisco Police Crisis Intervention Project, now, therefore,

BE IT RESOLVED, that the San Francisco Mental Health Board expresses its sincere gratitude to both Supervisor Ammiano and Chief Lau, and commends them for their clear and effective leadership in responding to a critical and challenging mental health issue that is of concern to all citizens of the City and County of San Francisco.

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MENTAL HEALTH BOARD
ATTACHMENT E
April 11, 2001

PROPOSED RESOLUTION: HONORING COMMUNITY VOCATIONAL ENTERPRISES

BE IT RESOLVED, that the Mental Health Board presents the following award:

The Mental Health Board of San Francisco proudly presents our
Heroic Effort Award
to
John Brauer and the Staff, Board, and Supporters of Community Vocational Enterprises

For the remarkable and pioneering contributions you make to mental health services in San Francisco year after year.
For building CVE from a budget of $90,000 in 1986 to over $4 million in 2001 during a period when there have been so many cuts to mental health funding.
For a very challenging but very successful relocation of CVE to a new home in the toughest real estate market San Francisco has ever seen.
For being such good people with such good hearts!

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MENTAL HEALTH BOARD
ATTACHMENT F
April 11, 2001

PROPOSED RESOLUTION: HONORING COMMUNITY VOCATIONAL ENTERPRISES

BE IT RESOLVED, that the Mental Health Board presents the following award:

The Mental Health Board of San Francisco
proudly presents our
Inspiration and Challenge Award
to
Diana Ming Chan & Clarence K. Chan

For making an incredibly generous gift of over $500,000 to San Francicso
to place school social workers in the public schools.
For honoring social workers for all they give to our children, families, and communities.
For inspiring and challenging other citizens here and around the country
to follow your example of citizen philanthropy!

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UNADOPTED MINUTES
Mental Health Board
Wednesday, April 11, 2001
1380 Howard Street, Room 537
San Francisco, CA 94103
6:30 p.m.

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BOARD MEMBERS PRESENT: Chet Villalba (Acting Chair); Tim Agar; Bridgett Brown; Pat Harrison; Andrea Leung, L.C.S.W., A.C.S.W.; Mickey Shipley; Lora Traveler; Kate Walker.

BOARD MEMBERS ON LEAVE: Jim Beauford, Ph.D. (Chair); April Martin Chartrand; Peggy Gilleran, J.D.

BOARD MEMBERS ABSENT: none.

OTHERS PRESENT: Jo Ruffin, (Director, Community Mental Health Services); Carol Mo (Asian Perinatal Advocates); Dennis Yun; Alex Kitzes; John Dorsey (Consumer Relations); Emeric Kalman (Family Member); Helynna Brooke (MHB Executive Director); Rich Snowdon (MHB Administrator)

PLEASE NOTE: THERE WAS NO QUORUM DURING THE MEETING, THEREFORE NO VOTES WERE HELD AND NO ACTIONS WERE TAKEN. INSTEAD, DISCUSSIONS WERE HELD AND REPORTS WERE MADE.

The meeting was called to order at 6:38 p.m. by Mr. Villalba, Acting Chair.

Mr. Villalba: Thank you to the loyal people who are here tonight. Unfortunately there are some people who are sick tonight, so we don't have a quorum.

I would like to start by asking candidates for Board membership who are here tonight to introduce themselves.

Ms. Mo: I'm Carol Mo and I currently work at Asian Perinatal Advocates. I'm the hotline coordinator and the hotline counselor for the Chinese line. I'm highly interested in mental health, with special focus on serving Asian families. I'm also a utility educator. I tell the Chinese population about energy conservation.

Mr. Yun: I'm Dennis Yun, and I want to thank you for welcoming me to the meeting tonight. I'm a first year Master's level student in social work. I'm currently a consumer in mental health. I would like to be on the Board to represent the Asian community that is underrepresented. I feel we need staff who are bilingual and bicultural.

Mr. Villalba: What's the process from here?

Ms. Brooke: On April 19th, John and Dennis, along with two other consumers, will be before the Rules Committee of the Board of Supervisors for the appointment of one person to a consumer seat. Additional consumer seats will be open in January. Also both Alex Kitzes and Kathy Shook will be at the Rules Committee on the 19th and one of them will be appointed to a mental health professional seat.

Tim: I wanted to have us take a couple of minutes to acknowledge the loss we as a community experienced and we as the Mental Health Board family experienced with the loss of Chet's son, Aaron David Villalba, two weeks ago. Some of us were able to attend the memorial service last week.

What I thought we might do today is honor Aaron. I've lighted a candle and this symbolizes that Aaron is very much with us in spirit, and it symbolizes all consumers who we are committed to.

I wanted to share a song tonight, but first I wanted to make sure there was a chance for you to say anything to us tonight you wanted to.

Mr. Villalba: It was very meaningful to have those of you who could come to the memorial service be there. Aaron had been ill for some time. One can't control life. It was his choice in his way to leave us. It's very painful. He was a very special person to us. His brother and sister, who he left behind, are terrific, and Aaron was terrific. My son Greg just graduated from social work school, and he's going to make a great contribution to this field. Rachel is a lovely person. All three of our kids are very caring people.

Aaron used to drive me crazy when he was in the 4th grade. He'd bring home waifs and ask if they could stay. One time he told me, "I talked to mom and she said it was okay. There's this nice boy at the Y and his family kicked him out of the house. Can he come and live with us?"

So this African American young man, Norman, stayed with us for 6 months, until he was able to repair his break with own his family. That's the kind of person Aaron was.

Mr. Agar: One of the things that struck me at the memorial service was that there were so many people there, and many had come from a distance. I really appreciated the family members and friends who spoke and told stories about Aaron. I was really touched by everyone and the spirit that was present.

Ms. Harrison: I'm sorry I wasn't here. I was in Baltimore fighting for mental health and substance abuse services. But I wanted you to know that for the past hour about 60 members of the Glide Community have been praying for your son.

Mr. Villalba: I will take that message home to my wife.

Ms. Traveler: I spoke to some of the members of my Buddhist church and we prayed for your son. I have a song I'd like to sing for you. (She then sang.)

Mr. Agar: I wanted us to close with a sung version of the wonderful meditation about children you and Carla chose to share with us from the Prophet by Khalil Gibran. From us to you, Chet, with our love. (He then played a CD of "Children.")

Mr. Villalba: Thank you, Tim, very very much. This is very touching. I'll share this experience with my wife. Aaron tried in his way, very very hard to get better. He had a lot of help, some efforts were successful and some were not, but everyone tried. And we tried as a family. We don't understand why nothing worked. We just don't understand. And as it says in his favorite song, "the answer is blowing in the wind." Sometimes that's the most we can say.

Mr. Villalba: The Board did list the following as their preferences for the programs we will highlight in the annual report: this year:

> Balboa Teen Health Center, Community Vocational Enterprises, FSA Geriatrics, Swords to Plowshares, Conard House, the STEP Project, Center for Special Problems, Edgewood Center for Children and Families, Instituto Familiar de la Raza, and Westside ACT.

Mr. Shipley: I suggest writing a special letter and sending a certificate of appreciation to Renee Deger for offering to help edit the Report.

Ms. Brooke: This is a report to the Board of Supervisors so members might want to think about what specific recommendations you might want to make.

Mr. Villalba: We've tentatively scheduled a Reception at City Hall for June 6th.

Ms. Brooke: We'll be honoring the directors featured in the Annual report. Mickey also suggested honoring 5-6 CMHS administrators who have done extraordinary things so we can bring them to the attention of the Board of Supervisors.

Mr. Villalba: It might be good to speak to Jo and her staff about honoring a direct service practitioner as well.

Mr. Agar: I have a suggestion, too. I'm wondering if there isn't a way to recognize various Supervisors for their help throughout the year. We might consider calling them Gold Star Awards, honoring advocacy, intervention, or initiative.

(Wednesday, June 6th, was a favorable date to all those present at the meeting.)

DIRECTOR'S REPORT

Ms. Ruffin:

THERESA GALLEGOS. Ms. Theresa Gallegos, a peer parent working with the Family Involvement Team in the Children's System of Care, was recently honored at a 25th anniversary celebration event for Coleman Advocates for Children and Youth, on March 15, 2001. Ms. Gallegos was honored for "Giving Parents a Powerful Voice." As a long-time parent advocate for children with disabilities, Ms. Gallegos has helped numerous parents and grandparents to overcome barriers, to understand their rights, to access services, and to hold systems accountable. Congratulations, Theresa!

BUDGET. The Department continues to negotiate with the Mayor's Office regarding the DPH budget request for FY2001-2002 approved at last month's Health Commission. The request includes an additional $22 million to the base budget to replace lost revenues, to cover 2% for a Civil Service COLA, and to cover pharmacy increases. The only new programs allowed by the Mayor are revenue funded or funded through reallocation of dollars. We included some added MediCal for continued integration of mental health and substance abuse dual diagnosis services in addition to the AB2034 homeless program. No added COLAS are included for contractors per the Mayor's Office's directions. The Commission forwarded a strong recommendation to the Mayor's Office to add COLAS to the budget.

HARM REDUCTION FORUM. CMHS held a quality improvement-oriented forum on Wednesday, April 4, 2001 to provide an opportunity for program directors and staff to discuss the issues involved in implementing a harm reduction approach in CMHS. Three panelists led the discussion by talking about how their programs are approaching harm reduction: Sherilyn Adams, Program Director, Baker Supported Housing; Bonnie Fluke, Deputy Director of Clinical Services, Progress Foundation; Dan Smith, Case manager, Citywide Case Management. These presentations were followed by a lively discussion involving the other attendees. CMHS plans to use the information generated in this forum to plan further activities to enhance the successful implementation of a harm reduction philosophy.

DUAL DIAGNOSIS DISCUSSION GROUPS. CMHS and CSAS administrative staff are hosting two discussion groups on April 23, 2001, to allow CMHS and CSAS program directors and staff to identify barriers to the successful implementation of the dual diagnosis policy. Following these initial groups staff will use a software based system to categorize the perceived barriers identified in the two groups. The participants will reconvene for a second priority-setting meeting in May. The results of this process will assist CMHS and CSAS to develop a strategy for continuing the implementation of the dual diagnosis policy.

I'm handing out copies of our dual diagnosis policy, so you can see what we are trying to convey to the programs. I welcome your feedback on this policy. We wanted to get both our mental health staff and our substance abuse staff to understand that many people have dual diagnoses and that they shouldn't be passed around when they need help.

Last time I talked with you about our System of Care, and we talked about the upside down pyramid, showing our strategy of moving people from institutional care to community-based care, and our strategy of earlier intervention.

Tonight I wanted to look at the different levels of care in terms of one of our partners, Substance Abuse Services. We'll look at what this partner has in each of the areas.

In the involuntary levels of care, Napa State Hospital, locked facilities, and San Francisco General Hospital, there are no substance abuse specific services. So anyone coming into the system in this levels has to have a primary mental health diagnosis, They can't have a primary substance abuse diagnosis. About 60% of the people in these levels do have co-occurring substance abuse issues.

Substance abuse clients needing high-end care are using PES. Unit 4P at SFGH was closed and the funding was moved to social meds detoxification. That program will be opening within the next month.

Ms. Harrison (In addition to being a member of the MHB, she is currently the Chair of the Treatment on Demand Council): One of the things that won't be coming so quickly is that we're going to put some methadone detox programming in the jails.

Ms. Ruffin: If Jail were added in here in the pyramid, it would be in place of Napa State Hospital. And detox will be going in there. All the jail services are at the high end, Jail Medical Services and Jail Psychiatric Services are in the jails. Then Jail Aftercare works with people as they leave jail, but most of those services actually come back into the mental health system and it becomes our responsibility.

Ms. Harrison: At the next level we have a little bit of day treatment, but it's called outpatient. We make the distinction between residential and outpatient.

Ms. Ruffin: The Mobile Crisis Team certainly picks up a number of people with substance abuse issues. On the SAS (Substance Abuse Services) side, we have the Mobile Assistance Patrol known as the MAP Van.

Ms. Harrison: They'll pick up people and get them to detox, like the Ozanam Center, or they will take them to SFGH.

Ms. Ruffin: There's also supported housing. These programs tap into some of the same resources as CMHS uses. There is an Office of Housing in the Department of Public Health.

Ms. Harrison: We're fighting that fight with NIMBYism, working on locating housing, and we have money that is tied up until that's cleared.

Ms. Ruffin: At the next level are programs like Narcotics Anonymous and Alcoholics Anonymous, and other such self-help groups. Family groups are in this area, too.

Mr. Villalba: But those groups are not funded by DPH. Ms. Ruffin: That's right.

Mr. Shipley: Case management goes across different levels, both outpatient and residential.

Mr. Agar: The top of the pyramid is so broad because it literally explodes into the community.

Ms. Harrison: We're using focus groups and community forums to re-educate and change the paradigm of the community. This is something we are giving more attention to, because that's the only way we're going to get people out of the bottom of the pyramid and get them to the top.

Ms. Ruffin: Under Proposition 36, we're hoping to get increased dual diagnosis programming.

Ms. Harrison: That's right.

Ms. Ruffin: Where these come together is one of the things we're pushing in terms of our policy and working on this through Quality Management under the direction of Bill McConnell. All of our policy and procedure manuals are available on the internet. (Dual Diagnosis policy: www.dph.sf.ca.us/MentlHlth/CmHSPolProcMnl/3.04-6.htm)

Ms. Harrison: I wanted to thank you and Barbara Garcia for putting this together. What you have done in the last four years is what's sparked all of my energy and passion. Eventually we will be looking at the whole person in our system.

Ms. Ruffin: You had asked me at the last meeting if involuntary services applied to children and they do. But with children there are other legal entities that have the authority to make decisions for children.

Child Crisis goes out into the field and can do 5150's. There is a new locked subacute unit that can take kids on conservatorship or in a dependency situation.

One reason involuntary treatment doesn't exist for substance abuse has to do with the 5170's. People ask, "You do 5150's why don't you do 5170's, which is involuntary treatment for substance abuse." No county in California has ever implemented the 5170 and the reason is that there is no funding for programs at this level. There's no funding to pay for the hospitals.

Ms. Traveler: Thank you for the presentation; it's just so very helpful. I wanted to ask about the Child Crisis team and the age.

Ms. Ruffin: They cover children from ages zero to 18.

Ms. Traveler: I have a second question which is about the Mobile Crisis Team. It's on duty just from 11 a.m. to 11 p.m. Didn't it used to be 24 hours every day? Where does the money come from for Mobile Crisis?

Ms. Ruffin: It comes from our budget. But we haven't had enough money to make it 24/7. We did initiate a proposal this year to expand it to 24/7, but we were directed by the Department that we couldn't put in any proposal for increasing services. But the state has some funding for mobile crisis and we are working furiously to finish the grant for that money and get it submitted.

Ms. Traveler: So many women are going into prison for substance abuse services and sometimes their mental health issues surface while in there. What happens to them after they are released from prison?

Ms. Ruffin: In general, if they are coming from county jail, they would have to get their services from either CMHS or CSAS depending on their needs. At the next meeting I could do a similar presentation on jail services and the parole department.

Ms. Harrison: One of the things we've been doing on the substance abuse side is adding aftercare under the description for the services. It's a part of what the program has to do. Everything we're doing now contains the words "family focus," which is something we've never done before.

Mr. Shipley: There is a piece of legislation in Sacramento requiring treatment planning for individuals being released from jail. It's in the legislature now.

Ms. Harrison: I was just at a conference in Baltimore; we are ten years ahead in our services.

Ms. Brooke: I've heard that because of budget cuts we're having to cut some of the beds at Napa State Hospital. Is that true?

Ms. Ruffin: Yes, that's partly true. In this past year we've been using 8 beds more than we've budgeted for. And part of it is that I can't control the jail side of the admissions. People are ending their jail sentences at Napa and are converting over to county responsibility. I proposed having the state cover some of this, and that was rejected. So I've asked my staff to see if they can find people at Napa who can go to lower levels of care.

The State says San Francisco is already getting more money than allotted by realignment, and they are dealing with their own budget issues and so they won't give us more money.

Ms. Leung asked about the Broderick Home.

Ms. Ruffin: It's jointly funded by DHP, SFGH, and the AIDS Office. It's a former nursing home, with about 36 beds. We put it out to bid and a Board & Care Operator won the bid. They are in partnership with Richmond Area Multi-Services. There will be an Asian Focus in the Broderick Board & Care, and we hope to be admitting clients very soon. It will be able to take people with more medical problems than the usual residential center, but people who don't require skilled nursing. And we have people waiting in the locked units to get into Broderick, people with mental health issues coming form SFGH, MHRF, or Laguna Honda. The bulk of the beds are long-term, but we've set aside a few beds for short-term.

Next month at the meeting we can cover criminal justice as a partner, and then perhaps children's services.

Mr. Villalba. Picking up on your report to the Board, we had talked about the contract agencies and how their salaries are not up to the level of Civil Service.

Ms. Ruffin: There is no request for COLA's this year in the $22 million or the above base budget.

Mr. Villalba: How would the contractors go about negotiating higher salaries?

Ms. Ruffin: The contractors have their own association and they will be meeting with the Supervisors and the Mayor's Office.

We've given them three options for contracting this year. 1) Do a base budget contract and wait to see if a 3% COLA comes through. 2) Prepare budget for a 3% COLA with out cutting too much in the way of services. 3) If a contractor has so many costs it would take more than a 3% COLA, then they submit a plan about what they could provide for the money available.

Mr. Shipley: Some contractors are restructuring their internal administration and services. But you also have the unions in the picture.

Mr. Villalba: Our Board could look into the contractors situation, including unions and salaries.

Ms. Harrison: And see what CSAS contractors are doing.

EXECUTIVE DIRECTOR'S REPORT

Ms. Brooke: The Police Crisis Intervention Training is set for May 21-24th. Anyone who is interested in participating in this is still welcome. We're very excited about it. The response from the Police Department is surprising us nicely. We're going to have a full class. We'll interview each officer individually afterward and they will help shape the future development of the training.

With regard to the Board's interest in employment for consumers, I wanted to call attention to Community Vocational Enterprises. CVE provides security person for our meetings, coffee, tea, and cookies for our meetings, and they provide clerical help for doing our large mailings. They also run the cafe here, and provide people for reception and the mail room. These are preliminary steps toward getting people ready for more full time employment. CVE is focused on vocational programs for the mentally ill. They keep growing every year and now run four businesses where they place people as well as placing people in companies like Esprit and Starbucks and many others.

We have a 6-minute video about the work of CVE to show you tonight. (Video was shown.)

Mr. Agar: Could we send a letter on behalf of the Mental Health Board and Community Mental Health Services acknowledging this effort? Anything that puts our best foot forward like this deserves our acknowledgment.

Mr. Villalba: We'll be tabling the reports from the Board committees, except for Program and Services

Mr. Shipley: The Program and Services Committee did a fantastic job of brainstorming our priorities. Our #1 priority is following the LPS Reform. It's in the legislature again in the form of a bill that's being sponsored by Helen Thomsom (AB 1421.) Every member of the Committee has a copy of the Rand Report and the Little Hoover Commission Report and we're reading them from cover to cover. You're welcome to come to the Program and Services meetings, if you are interested in this issue.

The second thing, we are doing is putting together a handbook for program reviews. Not only for current new members, but for future new members. We believe that by doing this it will set a precedent not only for this Board but for all the Mental Health Boards in the state. I have been involved with the California Association of Local Mental Health Boards for five years now and I have never ever seen anything like that in California. We could set best practices for other Mental Health Boards.

Ms. Ruffin: I want to offer you the support of Bill McConnell's Quality Improvement Section, especially Carlos Balladares, in doing that work.

Mr. Shipley: Now I'll make my report as the MHB State Liaison. I am a Bay Area Regional Director for the California Network of Mental Health Clients, which is a self-help organization which is becoming more and more political, and getting more and more involved in the politics in the state capitol. I just got back from a board meeting in Sacramento. We covered 13 bills concerning mental health. We also looked at 64 bills in the Assembly and Senate that address mental health, substance abuse, dual disorder, medication, foster care, homelessness, housing, and elder issues.

State Senator Chesbro had said that 2001 would be the mental health year. But unfortunately we're getting pushed aside because of the power crisis. We're experiencing $50 million a day being spent from the general fund.

Mr. Agar: I'm delighted to see Dennis and Carol here as candidates for membership on the Board. I saw a report recently that the Asian Community in SF has grown by 60% over last census. I'm so glad to see us moving in the direction of representing that population.

PUBLIC COMMENT

Mr. Kalman: I've been following the work of the Mental Health Board and Community Mental Health Services for 7-8 years, and I would like to raise a few points. When candidate Brown ran for Mayor, I remember him saying that under his leadership mental health services would increase dramatically. We have to remind him about this commitment he made.

The Mayor has a Disability Council. Is mental health represented on the Council? I will propose that someone from the Mental Health Board participate.

I was at a meeting about a week ago of the capital improvement advisory committee. The Main Library representative asked for $1.5 million for improvement for the Library. I shocked the audience when I said the Main Library is also a daytime homeless shelter. It's very sad what you see there. At closing time, security guards and sometimes police have to make the homeless people leave the building.

Ms. Traveler: It's a very serious matter at the public library. On the 13th of January I had the open reading of my play. When I got there at 9 a.m., a huge, huge line of the homeless was waiting to come in. They were using the rest rooms to clean up and take care of themselves, and many of them came in to see the play. I had no idea that the library had become a shelter like that, because the homeless do not have a place to go. Jimmy Carter has a phrase "Habitat for Humanity" and I like that a lot better than just "homeless." I like that word "humanity."

Mr. Villalba (speaking to Mr. Kalman): We appreciate what you do for the citizens of this city.

There being no further business, the meeting was adjourned at 8:30 p.m.

DPH

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, May 9, 2001
1380 Howard, Room 537
6:30 p.m.

AGENDA

Public comments will be taken for each agenda item.

1.0 CALL TO ORDER AND CONSENT CALENDAR (10 minutes)

For discussion and proposed action

1.1 Call to Order and Announcements from the Chair

1.2 Consent Calendar (Attachment A)

1.2.a PROPOSED ACTION: Resolution that the Board approve the minutes of the MHB meeting on February 14, 2001.

1.2.b PROPOSED ACTION: Resolution that the Board approve the minutes of the MHB meeting on March 14, 2001.

1.2.c PROPOSED ACTION: Resolution that the Board approve the minutes of the MHB meeting on April 11, 2001.

1.2.d PROPOSED ACTION: Resolution approving leaves of absence for the MHB meeting on March 14, 2001: Jim Beauford, April Martin Chartrand, Peggy Gilleran, Lora Traveler.

1.2.e PROPOSED ACTION: Resolution approving leaves of absence for the MHB meeting on April 11, 2001: April Martin Chartrand.

1.2.f PROPOSED ACTION: Resolution approving leaves of absence for the MHB meeting on May 9, 2001: April Martin Chartrand.

2.0 PRIORITIES FOR 2001, ANNUAL REPORT, RECEPTION, AND PROCEDURAL ITEMS (50 minutes)

For discussion and proposed action

The Board will focus on internal business. There will be a summary of the Board's chosen priorities for the year, discussion of the Annual Report for 2001 and Annual Reception. There will also be discussion regarding attendance, leaves of absences, and program reviews. There will be no formal presentation.

2.1 PROPOSED ACTION: Resolution that the Board approve the writing and publication of its Annual Report.

2.2 PROPOSED ACTION: Resolution that the Board hold a Reception for the Board of Supervisors and their staff and the Mayor in the Mayor's Conference Room at City Hall in May or June 2001.

3.0 DIRECTORS REPORTS (30 minutes)

For discussion

3.1 Report from the Director of Community Mental Health Services
A report on the activities and operations of Community Mental Health Services, including budget, planning, policy, and programs and services.

3.2 Report from the Executive Director of the Mental Health Board
A report including updates and announcements regarding the activities and operations of the Board.

4.0 MENTAL HEALTH BOARD COMMITTEES (20 minutes)

For discussion and proposed action

4.1 Report of the Chair of the Board and Executive Committee
Updates and announcements regarding discussions and actions of the Chair and the Executive Committee.

4.1.a PROPOSED ACTION: The Board approves a resolution commending the Proposition 36 Steering Committee. (Attachment B)

4.1.b PROPOSED ACTION: The Board approves a resolution asking that a joint health and housing emergency be declared in San Francisco. (Attachment C)

4.1.c PROPOSED ACTION: The Board approves a resolution commending Supervisor Tom Ammiano and Chief Fred Lau. (Attachment D)

4.1.d PROPOSED ACTION: The Board approves a resolution commending John Brauer and Community Vocational Enterprises. (Attachment E)

4.1.e PROPOSED ACTION: The Board approves a resolution commending Diana Ming Chan and Clarence K. Chan for their gift of $500,000 to place social workers in the schools. (Attachment F)

4.2 Children's Committee
Focus for 2001

4.3 Cultural Competency & Special Populations Committee
No report.

4.4 Program and Services Committee

No report

4.5 State Liaison

A report on developments regarding mental health services, policy, and funding at the state level, including the California legislature, the State Department of Mental Health, and other statewide advocacy or policy organizations.

5.0 PUBLIC COMMENT (10 minutes)

This is an opportunity for members of the public to address the Mental Health Board on items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board. Additionally, public comments will be taken for each agenda item.

This agenda and all attachments can be viewed at: www.ci.sf.ca.us/mental_health. Attachments are also available at the Mental Health Board Office, 1380 Howard Street, Suite 510, telephone 255-3474.

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) 5 days before the meeting. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in Room 537. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Down-town Loop and the 72 Haight/Noriega. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. The main entrance to 1380 Howard is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Alley which runs on the opposite side of the building from 10th Street.

4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Donna Hall
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Ms. Hall, or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.ci.sf.ca.us/sunshine.htm**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.ci.sf.ca.us/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

ATTENTION: Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (SF Administrative Code 16.520-16.534) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact:

Ethics Commission
1390 Market Street #701
San Francisco, CA 94102
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Fax: (415) 703-0121
Website: **www.ci.sf.ca.us/ethics**

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MENTAL HEALTH BOARD
ATTACHMENT A
May 9, 2001

CONSENT CALENDAR

All items on the Consent Calendar are handled through a single vote. There will be no discussion unless a member requests it, in which case the item will be removed from Consent Calendar and discussed. Additional names may be added to the leave of absence resolution during the meeting.

1.2.a **PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of February 14, 2001, be approved as submitted.**

1.2.b **ROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of March 14, 2001, be approved as submitted.**

1.2.c **PROPOSED RESOLUTION: Be it resolved that the Mental Health Board grants leaves of absence for the meeting of April 11, 2001, to the following members: April Martin Chartrand.**

1.2.d **PROPOSED RESOLUTION: Be it resolved that the Mental Health Board grants leaves of absence for the meeting of March 14, 2001, to the following members: James Beauford, April Martin Chartrand, Peggy Gilleran, Lora Traveler.**

1.2.e **PROPOSED RESOLUTION: Be it resolved that the Mental Health Board grants leaves of absence for the meeting of April ll, 2001, to the following members: April Martin Chartrand.**

1.2.f **PROPOSED RESOLUTION: Be it resolved that the Mental Health Board grants leaves of absence for the meeting of May 9, 2001, to the following members: Bridgett, Brown, April Martin Chartrand.**

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MENTAL HEALTH BOARD
ATTACHMENT B
May 9, 2001

PROPOSED RESOLUTION: COMMENDING THE PROPOSITION 36 STEERING COMMITTEE

BE IT RESOLVED, that the Mental Health Board of San Francisco commends the Proposition 36 Steering Committee for selecting the Deparetment of Public Health to be the lead agency in providing Proposition 36 services in conjunction with the criminal justice system, and further,

BE IT RESOLVED, that the Mental Health Board strongly supports the inclusion of a mental health assessment in the overall assessment process for clients coming into Proposition 36 services.

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MENTAL HEALTH BOARD
ATTACHMENT C
May 9, 2001

PROPOSED RESOLUTION:
DECLARING A JOINT HEALTH AND HOUSING EMERGENCY IN SAN FRANCISCO

WHEREAS, the City and County of San Francisco is at a critical turning point for its mental health, health, and human services, and

WHEREAS, the current real-estate market in San Francisco is the toughest in the city's history, and one of the most challenging anywhere in the country, and

WHEREAS, many programs operated both by the City and by contractors are having a very difficult time finding staff willing to work for salaries which are simply too low as compared to the housing costs in San Francisco, and

WHEREAS, certain departmental procedures created in less difficult times are not responsive to the current crisis, for example, a long hiring process in Civil Srevice, which may mean that an extremely well qualified candidate for a position who is ready to go to work at a program that is desperate for good staff, accepts another job because the City's process takes so long, and

WHEREAS, private practitioners in the provider network for Community Mental Health Services are receiving rates of reimbursement that are significantly below market rate to begin with ($32.50/hour), and are now facing the doubling and tripling of their rents, as well as major increases in utility bills, and are therefore facing the prospect of losing money by providing services to the City, or dropping out of the provider network altogether, and

WHEREAS, many Board & Care programs are in jeopardy, because the owners cannot meet their costs, given the level of the reimbursements they receive for their services, and

WHEREAS, it would be impossible in this housing market to replace any Board and Care homes which are forced out of business, and

WHEREAS, rents for other treatment and residential programs, have increased to an impossible level, and once lost, these programs would prove impossible to replace in an equivalent way, and

WHEREAS, federal and state government is shifting costs to local government by a remarkable and unprecedented rate of disallowing claims for Medicare and Medi-Cal, and through other cuts to funding for health programs, and

WHEREAS, the housing crisis in San Francisco is related to the medical crisis, in that people who are unable to retain affordable housing are generally unable to stabilize and improve their medical conditions, let alone prevent further deterioration, and

WHEREAS, an extraordinary number of people in our city are uninsured or underinsured, and many private companies are not providing adequate coverage, leaving the public health system to provide services at public expense, and

WHEREAS, Community Mental Health Services, in particular, and the Department of Public Health, in general, have made significant strides forward in the past several years in instituting cost-effectiveness and treatment effectiveness measures, such as the ACCESS line, the Single Point of Responsibility programs, and the increased use of state-of-the-art medications, and that to interrupt that progress in any way would not make good business sense, and

WHEREAS, the Mental Health Board believes that a community has a moral duty to care for those people who are ill, suffering, in trouble, and in need, and

WHEREAS, the Mental Health Board further believes that a strong and effective public health system directly benefits all neighborhoods and economic sectors of the community, now, therefore,

BE IT RESOLVED, that the Mental Health Board urges the Health Commission, the Public Health Department, the Mayor's Office and the Board of Supervisors to take all necessary steps to preserve and defend the vital, state-of-the art services the city has invested in and developed through years of intensive effort, and

BE IT FURTHER RESOLVED, that the Mental Health Board urges the Health Commission, the Public Health Department, the Mayor's Office and the Board of Supervisors to do everything in their power to provide significant cost of living increases to all programs, including most urgently, the contractors and Board & Care homes, and

BE IT FURTHER RESOLVED, that the City and County of San Francisco review departmental procedures to make them more responsive to the current crisis, such as significantly shortening the time line on Civil Service hiring without sacrificing quality, and supporting adminstrators who are successful at bringing in significant new money by providing them with strategic staff support so they can leverage even more funding, and

BE IT FURTHER RESOLVED, that the Mental Health Board of San Francisco urges in the strongest possible terms that the Mayor, the Board of Supervisors, and the Health Commission:

1. Declare a joint Health and Housing Emergency in the City and County of San Francisco, and

2. View this emergency from the larger perspective that San Francisco as a community clearly has the financial capacity to adequately care for those in need, and

3. Honor the economic reality that if the budget of the Department of Public Health is held at current levels for the new fiscal year, valued, time-honored, irreplaceable programs and housing will be put in serious jeopardy, and

4. Take whatever steps are necessary to increase City revenues in a fair and progressive manner, closing loopholes and making sure that the City is generating full value on property assessments, licensing fees, and contracts, and

BE IT FURTHER RESOLVED, the Mental Health Board urges that the Mayor, the Board of Supervisors, and the Health Commission to mobilize all the contacts, persuasiveness and strategic political power available to them to:

1. Do everything possible to take affordable housing out of the speculative market to protect it, and

2. Convince both federal and state legislatures to ensure adequate health care for all citizens on a national and state basis, as a basic human right and common human need, thereby decreasing the burden on local jurisdictions and local taxpayers, and

3. Continue to support the call for a national plan to end homelessness, so that the larger factors which cause homelessness can be seriously and effectively addressed, and so that every state and municipality will be required to take responsibility for the needs of their homeless citizens, and thus cities such as San Francisco will not have to bear more than their fair share.

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MENTAL HEALTH BOARD
ATTACHMENT D
May 9, 2001

PROPOSED RESOLUTION: COMMENDING SUPERVISOR TOM AMMIANO AND CHIEF FRED LAU

WHEREAS, twenty-five percent of the calls to the San Francisco police involve an issue of mental illness, and

WHEREAS, these are often challenging and difficult calls, and

WHEREAS, police officers are not trained to be social workers and mental health clinicians, and

WHEREAS, the Police Crisis Intervention Project has been successfully tested for serveral years in Memphis and San Jose, and

WHEREAS, the intensive mental health training these projects provide to police officers have made a significant and positive difference in police interventions with the mentally ill and their families, and

WHEREAS, these projects have proven to be very popular both with police officers and with the mental health community, and

WHEREAS, Supervisor Tom Ammiano took action to ensure pilot funding for a Police Crisis Intervention Project in San Francisco, and has continued to shepherd the program, generously giving it his time and attention, and

WHEREAS, Chief Fred Lau and the San Francisco Police Department have been working in genuine partnership with Community Mental Health Services and Jail Psychiatric Services in developing a custom-designed curriculum for the San Francisco Police Crisis Intervention Project, now, therefore,

BE IT RESOLVED, that the San Francisco Mental Health Board expresses its sincere gratitude to both Supervisor Ammiano and Chief Lau, and commends them for their clear and effective leadership in responding to a critical and challenging mental health issue that is of concern to all citizens of the City and County of San Francisco.

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MENTAL HEALTH BOARD
ATTACHMENT E
May 9, 2001

PROPOSED RESOLUTION: HONORING COMMUNITY VOCATIONAL ENTERPRISES

BE IT RESOLVED, that the Mental Health Board presents the following award:

The Mental Health Board of San Francisco proudly presents our
Heroic Effort Award
to
John Brauer and the Staff, Board, and Supporters of Community Vocational Enterprises

For the remarkable and pioneering contributions you make to mental health services in San Francisco year after year.
For building CVE from a budget of $90,000 in 1986 to over $4 million in 2001 during a period when there have been so many cuts to mental health funding.
For a very challenging but very successful relocation of CVE to a new home in the toughest real estate market San Francisco has ever seen.
For being such good people with such good hearts!

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MENTAL HEALTH BOARD
ATTACHMENT F
May 9, 2001

PROPOSED RESOLUTION: HONORING DIANA MING CHAN & CLARENCE K. CHAN

BE IT RESOLVED, that the Mental Health Board presents the following award:

The Mental Health Board of San Francisco
proudly presents our
Inspiration and Challenge Award
to
Diana Ming Chan & Clarence K. Chan

For making an incredibly generous gift of over $500,000 to San Francicso
to place school social workers in the public schools.
For honoring social workers for all they give to our children, families, and communities.
For inspiring and challenging other citizens here and around the country
to follow your example of citizen philanthropy!

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UNADOPTED MINUTES
Mental Health Board
Wednesday, May 9, 2001
1380 Howard Street, Room 537
San Francisco, CA 94103
6:30 p.m.

BOARD MEMBERS PRESENT: Jim Beauford, Ph.D. (Chair); Tim Agar; Pat Harrison; Alex Kitzes, Ph.D.; Mickey Shipley; Ted Stinson; Lora Traveler; Kate Walker; Dennis Yun.

BOARD MEMBERS ON LEAVE: Bridgett Brown; April Martin Chartrand; Peggy Gilleran, J.D.; Andrea Leung, L.C.S.W., A.C.S.W.

BOARD MEMBERS ABSENT: Chet Villalba.

OTHERS PRESENT: Bill McConnell (CMHS Associate Director for Quality Management); Anna Warren; Colson Warren; Kate Nagasawa; Carol Knight; John Dorsey (CMHS Consumer Relations); Emeric Kalman (Family Member); Helynna Brooke (MHB Executive Director); Rich Snowdon (MHB Administrator)

1.0 CALL TO ORDER AND CONSENT CALENDAR

The meeting was called to order at 6:45 p.m. by Dr. Beauford, Chair. Dr. Beauford introduced the three new Board members:

Dennis Yun, Consumer Seat, Appointed by the Board of Supervisors
Alex Kitzes, Ph.D., Appointed by the Board of Supervisors
Ted Stinson, Family Member Seat, Appointed by Supervisor Jake McGoldrick

RESOLUTION (MHB-2001-05): Be it resolved that the minutes of the Mental Health Board meeting of February 14, 2001, be approved as submitted. (Passed unanimously)

RESOLUTION (MHB-2001-06): Be it resolved that the minutes of the Mental Health Board meeting of March 14, 2001, be approved as submitted. (Passed unanimously)

RESOLUTION (MHB-2001-07): Be it resolved that the Mental Health Board grants leaves of absence for the meeting of April 11, 2001, to the following members: April Martin Chartrand. (Passed unanimously)

RESOLUTION (MHB 2001-08): Be it resolved that the Mental Health Board grants leaves of absence for the meeting of March 14, 2001, to the following members: James Beauford, April Martin Chartrand, Peggy Gilleran, Lora Traveler. (Passed unanimously)

RESOLUTION (MHB-2001-09): Be it resolved that the Mental Health Board grants leaves of absence for the meeting of April 11, 2001, to the following members: April Martin Chartrand. (Passed unanimously)

RESOLUTION (MHB-2001-10): Be it resolved that the Mental Health Board grants leaves of absence for the meeting of May 9, 2001, to the following members: Bridgett Brown, April Martin Chartrand, Peggy Gilleran, Andrea Leung. (Passed unanimously)

3.1 Report of the Director of Community Mental Health Services (Taken out of order.) Dr. McConnell reported for Jo Ruffin:

BUDGET. The Department continues to work with the Mayor's office to finalize the Department's budget for next year. The department has been asked to reduce its General fund requests due to expected shortfalls in the city budget. The General fund requests from the department were primarily base line requests to maintain service levels rather than increase services. Further reductions from the baseline budget would result in reduced services.

OLDER ADULT GRANT. Governor Gray Davis announced that San Francisco is one of only four counties to receive a grant to expand the Older Adult Mental Health System of Care. This grant seeks to implement an innovative Partnership Care Management service in an integrated cooperation between DP's Community Mental Health Services, DPH's North of Market Senior Primary Care Services, Adult Protective Services, and Goldman Institute on Aging. This new service will implement a 24-hour, 7-day per week Center located at a residential care facility. It will provide clients with comprehensive assessments, intensive case management, and respite care for a few hours or a few days when responding to the crisis needs of older adults who increasingly are amongst the homeless and those at risk for homelessness or institutionalization. By providing this program, the County will demonstrate a low-cost strategy that provides integrated and coordinated responsiveness and further demonstrates how fragmented funding streams can be coalesced in a new way. Up to $997,500 in State funding will be available for implementation of this project.

DUAL DIAGNOSIS DISCUSSION GROUPS. CMHS and CSAS administrative staff are hosting two discussion groups on April 23, 2001 to allow CMHS and CSAS program directors and staff to identify barriers to the successful implementation of the dual diagnosis policy. Following these initial groups staff will use a software based system to categorize the perceived barriers identified in the two groups. The participants will reconvene for a second priority-setting meeting in May. The results of this process will assist CMHS and CSAS to develop a strategy for continuing the implementation of the dual diagnosis policy.

RAYMOND HOTEL FIRE. A fire broke out at 6:15 a.m. Easter morning at the Raymond Hotel, 1011 Howard Street. Red Cross established a temporary shelter at the South of Market Recreation Center at 6th and Folsom. The fire displaced seventy-eight individuals. Three residents suffered minor injuries, no fatalities occurred. The Health Department, Department of Human Services, Mayor's Office of Homelessness, Animal Care and Control, Recreation and Park were all on hand to strengthen and enhance Red Cross response efforts. Many residents of the Raymond are DPH patients, and have fairly high medical needs. Dr. John Brown responded to the site and was able to provide medications for 34 residents. Barbara Garcia, LaDonnis Elston and the MOST Team all responded and triaged clients.

SAMHSA GRANT. CMHS is preparing its renewal application for SAMHSA funds in the amount of $2,182,523. Since the award is the same as last year, the funding will allow CMHS to continue the same activities that are already funded through SAMHSA. These include the Access Team, several crisis case managers, Family Mosaic Project activities, and support for consumer participation and mental health education. The draft renewal application with updated objectives will be presented to the MHB on May 9th so that the Board can review the document before the next Board meeting on June 13th. At that meeting CMHS will request a letter of support for the application.

PROJECT IMPACT. Community Mental Health Services has been awarded additional funding under Project Impact to begin a Family Therapy Program and to expand the Family Mosaic Project, through a recent restructuring of the Project Impact priorities. Project Impact is a program funded by the California Board of Corrections under a Challenge Grant (II) to San Francisco, to implement a single system through which juvenile offenders with emotional disabilities will be identified, assessed, and supported through a continuum of flexible, wraparound services. The new service components added will augment existing services: comprehensive assessment, placement readiness, mobile support, intensive day treatment, intensive case management and community alliance networks. The project continues the work begun with the systemic reform contained in San Francisco's Juvenile Justice Local Action Plan, and is a collaborative project among Juvenile Probation, Department of Public Health, Department of Human Services and the Mayor's Criminal Justice Council.

LIFE ENDANGERMENT AFFECTS FAMILIES (LEAF). The LEAF Project held its first community meeting on April 18, at the Southeast Community College campus. The project is coordinated by the Family Involvement Team of the Children's System of Care, and the Family Mosaic Project. L.E.A.F. is a pilot program in the Southeast community comprised of an inter-disciplinary, inter-agency, inter-departmental forum, which will develop action plans for children, youth and families whose lives have been impacted by violence. The goal of the program is to increase awareness of public and private resources available to victims and their families, to coordinate existing resources, to support the effort to improve access to community and self-help services, to identify gaps in the existing services system, and to minimize the impact of violence on children, youth and families.

SAI-LING CHAN-SEW. Sai-Ling Chan-Sew, Director of Child, Youth and Family Services, Community Mental Health Services, has been invited by the National Center for Children in Poverty to a one day meeting in May in Washington DC to develop a strategic agenda to promote more appropriate national policy and practice attention to early childhood mental health. The National Center for Children in Poverty is affiliated with Columbia University. The meeting seeks to bring together experienced policy makers, advocates and providers who recognize the need to develop infrastructure, leadership capacity and practice knowledge to respond to the emotional challenges facing young children and their families across the United States.

Mr. Stinson asked a question regarding the reduction in the budget. Dr. McConnell said that DPH has submitted a flat budget which absorbs the COLA's except for Civil Service. He said that DPH had given contractors the option of submitting budgets reflecting a restructuring and reduction of services if that becomes necessary.

Ms. Harrison asked about dual diagnosis focus groups, and whether they included faith-based groups. Dr. McConnell said they didn't include those groups.

Dr. McConnell reported that there are still many vacancies, both clinical and administrative, which are funded but not filled. He said it's very difficult to recruit new staff given how low the salaries are.

Dr. McConnell: With regard to forensic demographics, there are a larger percentage of African Americans in jails than in Community Mental Health Services, and there are a larger percentage of Asian Americans in CMHS than in the jails. More of the beds at Napa State Hospital are occupied by penal code clients than LPS referred clients. Prisons and the criminal justice system have been funded better than mental health. Ms. Traveler: Too many mentally-ill people are in prison, especially women, especially African American women. Mr. Shipley: Prisons don't provide much treatment.

Ms. Harrison: Is the decline in LPS related clients due to reform? Dr. McConnell: Many in our system are conversions from penal code categories to mental health services.

Mr. Agar: Is the LPS reduction the result of decreased funding? Dr. McConnell: Since the beginning of realignment, the County now pays directly for hospital beds at Napa State Hospital, and we have focused on treatment in the community rather than in institutions. Also the new medications have help reduced the number of LPS clients.

Mr. Shipley: There has been a push to get people back into the community as quickly as possible, but unfortunately many go back to the community unprepared, commit a quality of life crime and end up in jail.

Ms. Harrison: Hopefully the Police Crisis Intervention Training will help with this problem. Dr. Kitzes: Hopefully, with training, the police will be better able to identify mental health problems. Ms. Walker: If LPS clients have gone down because of new medications, that doesn't seem to be reflected in terms of the numbers of penal code clients. Dr. McConnell: We're not sure of all the factors that led to the reduction. Ms. Traveler: The prison industry is California's largest industry.

Mr. Yun: On another issue, the Asian population is growing in San Francisco and there is an increasing number of clients using services. Do you have enough staff who are bilingual and bicultural? Is it difficult to recruit the staff you need? Dr. McConnell: Yes, it's definitely difficult to recruit.

2.0 PRIORITIES FOR 2001, ANNUAL REPORT, RECEPTION, AND PROCEDURAL ITEMS (Returning to the order on the agenda)

RESOLUTION (MHB-2001-11): Be it resolved that the Mental Health Board approves the writing and publication of its Annual Report. (Passed unanimously)

RESOLUTION (MHB-2001-12): Be it resolved that the Mental health Board hold a Reception on June 20, 2001, for the Board of Supervisors and their staff, the Mayor and his staff, and the Program Directors featured in the Annual Report. (Passed unanimously)

Dr. Beauford: When I first came to the Board I was excited about being part of it, and I still am. I take pride in being on the Board. I think it's an honor to be on the Board. I would hope we'd continue to show our enthusiasm by our attendance. Also by revisiting our commitment to committee participation, which is were a lot of the nuts and bolts work gets done.

With regard to leaves of absence, it's be a rough year and a half for Board members. What the Executive Committee has come up with is a 2-month leave as a maximum, unless there are extenuating circumstances. If we miss 2 or 3 meetings in a row, we can't keep up with our participation. We do need a commitment. So if anyone needs a leave longer than two months they should bring it to the Board and the Board will vote to approve or disapprove it.

Also, per Chet's suggestion, we're looking at establishing a nominating committee to help with recruiting new members.

The request was made to have the next Mental Health Board meeting focus on Committee roles and goals.

3.0 DIRECTORS REPORTS

3.2 Report from the Executive Director of the Mental Health Board

Ms. Brooke: The Police Crisis Intervention Training will take place May 21—May 24. This has been five yeas in the making. It was initiated by Caduceus Outreach Services, with the support of the Coalition on Homelessness. Supervisor Chris Daly was on the original planning committee. The Training is based on successes in Memphis and San Jose. In San Jose, they have quarterly trainings and so far have trained 200 officers.

The San Francisco Police Department would like to train the whole Department. Chief Lau is very supportive of the training. For this first training we have 25 officers and 5 sergeants signed up. We've been getting a very positive response. People were calling to sign up even before the dates were set.

CMHS will be interviewing all the participants two months after the training to see what worked and what didn't.

4.0 MENTAL HEALTH BOARD COMMITTEES

4.1 Report of the Chair of the Board and Executive Committee

4.1.a RESOLUTION (MHB-2001-13): COMMENDING THE PROPOSITION 36 STEERING COMMITTEE

BE IT RESOLVED, that the Mental Health Board of San Francisco commends the Proposition 36 Steering Committee for selecting the Department of Public Health to be the lead agency in providing Proposition 36 services in conjunction with the criminal justice system, and further,

BE IT RESOLVED, that the Mental Health Board strongly supports the inclusion of a mental health assessment in the overall assessment process for clients coming into Proposition 36 services. (Passed unanimously)

4.1.b RESOLUTION (MHB-2001-14): DECLARING A JOINT HEALTH AND HOUSING EMERGENCY IN SAN FRANCISCO

WHEREAS, the City and County of San Francisco is at a critical turning point for its mental health, health, and human services, and

WHEREAS, the current real-estate market in San Francisco is the toughest in the city's history, and one of the most challenging anywhere in the country, and

WHEREAS, many programs operated both by the City and by contractors are having a very difficult time finding staff willing to work for salaries which are simply too low as compared to the housing costs in San Francisco, and

WHEREAS, certain departmental procedures created in less difficult times are not responsive to the current crisis, for example, a long hiring process in Civil Service, which may mean that an extremely well qualified candidate for a position who is ready to go to work at a program that is desperate for good staff, accepts another job because the City's process takes so long, and

WHEREAS, private practitioners in the provider network for Community Mental Health Services are receiving rates of reimbursement that are significantly below market rate to begin with ($32.50/hour), and are now facing the doubling and tripling of their rents, as well as major increases in utility bills, and are therefore facing the prospect of losing money by providing services to the City, or dropping out of the provider network altogether, and

WHEREAS, many Board & Care programs are in jeopardy, because the owners cannot meet their costs, given the level of the reimbursements they receive for their services, and

WHEREAS, it would be impossible in this housing market to replace any Board and Care homes which are forced out of business, and

WHEREAS, rents for other treatment and residential programs, have increased to an impossible level, and once lost, these programs would prove impossible to replace in an equivalent way, and

WHEREAS, federal and state government is shifting costs to local government by a remarkable and unprecedented rate of disallowing claims for Medicare and Medi-Cal, and through other cuts to funding for health programs, and

WHEREAS, the housing crisis in San Francisco is related to the medical crisis, in that people who are unable to retain affordable housing are generally unable to stabilize and improve their medical conditions, let alone prevent further deterioration, and

WHEREAS, an extraordinary number of people in our city are uninsured or underinsured, and many private companies are not providing adequate coverage, leaving the public health system to provide services at public expense, and

WHEREAS, Community Mental Health Services, in particular, and the Department of Public Health, in general, have made significant strides forward in the past several years in instituting cost-effectiveness and treatment effectiveness measures, such as the ACCESS line, the Single Point of Responsibility programs, and the increased use of state-of-the-art medications, and that to interrupt that progress in any way would not make good business sense, and

WHEREAS, the Mental Health Board believes that a community has a moral duty to care for those people who are ill, suffering, in trouble, and in need, and

WHEREAS, the Mental Health Board further believes that a strong and effective public health system directly benefits all neighborhoods and economic sectors of the community, now, therefore,

BE IT RESOLVED, that the Mental Health Board urges the Health Commission, the Public Health Department, the Mayor's Office and the Board of Supervisors to take all necessary steps to preserve and defend the vital, state-of-the art services the city has invested in and developed through years of intensive effort, and

BE IT FURTHER RESOLVED, that the Mental Health Board urges the Health Commission, the Public Health Department, the Mayor's Office and the Board of Supervisors to do everything in their power to provide significant cost of living increases to all programs, including most urgently, the contractors and Board & Care homes, and

BE IT FURTHER RESOLVED, that the City and County of San Francisco review departmental procedures to make them more responsive to the current crisis, such as significantly shortening the time line on Civil Service hiring without sacrificing quality, and supporting administrators who are successful at bringing in significant new money by providing them with strategic staff support so they can leverage even more funding, and

BE IT FURTHER RESOLVED, that the Mental Health Board of San Francisco urges in the strongest possible terms that the Mayor, the Board of Supervisors, and the Health Commission:

1. Declare a joint Health and Housing Emergency in the City and County of San Francisco, and

2. View this emergency from the larger perspective that San Francisco as a community clearly has the financial capacity to adequately care for those in need, and

3. Honor the economic reality that if the budget of the Department of Public Health is held at current levels for the new fiscal year, valued, time-honored, irreplaceable programs and housing will be put in serious jeopardy, and

4. Take whatever steps are necessary to increase City revenues in a fair and progressive manner, closing loopholes and making sure that the City is generating full value on property assessments, licensing fees, and contracts, and

BE IT FURTHER RESOLVED, the Mental Health Board urges that the Mayor, the Board of Supervisors, and the Health Commission to mobilize all the contacts, persuasiveness and strategic political power available to them to:

1. Do everything possible to take affordable housing out of the speculative market to protect it, and

2. Convince both federal and state legislatures to ensure adequate health care for all citizens on a national and state basis, as a basic human right and common human need, thereby decreasing the burden on local jurisdictions and local taxpayers, and

3. Continue to support the call for a national plan to end homelessness, so that the larger factors which cause homelessness can be seriously and effectively addressed, and so that every state and municipality will be required to take responsibility for the needs of their homeless citizens, and thus cities such as San Francisco will not have to bear more than their fair share. (Passed unanimously)

4.1.c RESOLUTION (MHB-2001-15): COMMENDING SUPERVISOR TOM AMMIANO AND CHIEF FRED LAU

WHEREAS, twenty-five percent of the calls to the San Francisco police involve an issue of mental illness, and

WHEREAS, these are often challenging and difficult calls, and

WHEREAS, police officers are not trained to be social workers and mental health clinicians, and

WHEREAS, the Police Crisis Intervention Project has been successfully tested for several years in Memphis and San Jose, and

WHEREAS, the intensive mental health training these projects provide to police officers have made a significant and positive difference in police interventions with the mentally ill and their families, and

WHEREAS, these projects have proven to be very popular both with police officers and with the mental health community, and

WHEREAS, Supervisor Tom Ammiano took action to ensure pilot funding for a Police Crisis Intervention Project in San Francisco, and has continued to shepherd the program, generously giving it his time and attention, and

WHEREAS, Chief Fred Lau and the San Francisco Police Department have been working in genuine partnership with Community Mental Health Services and Jail Psychiatric Services in developing a custom-designed curriculum for the San Francisco Police Crisis Intervention Project, now, therefore,

BE IT RESOLVED, that the San Francisco Mental Health Board expresses its sincere gratitude to both Supervisor Ammiano and Chief Lau, and commends them for their clear and effective leadership in responding to a critical and challenging mental health issue that is of concern to all citizens of the City and County of San Francisco. (Passed unanimously)

4.1.d RESOLUTION (MHB-2001-16): HONORING COMMUNITY VOCATIONAL ENTERPRISES

Be it resolved, that the Mental Health Board presents the following award:

The Mental Health Board of San Francisco proudly presents our
Heroic Effort Award to
John Brauer and the Staff, Board, and Supporters of Community Vocational Enterprises
For the remarkable and pioneering contributions you make to mental health
services in San Francisco year after year.
For building CVE from a budget of $90,000 in 1986 to over $4 million in 2001
during a period when there have been so many cuts to mental health funding.
For a very challenging but very successful relocation of CVE to a new home
in the toughest real estate market San Francisco has ever seen.
For being such good people with such good hearts! **(Passed unanimously)**

4.1.e **RESOLUTION: (MHB-2001-17): HONORING DIANA MING CHAN & CLARENCE K. CHAN**

Be it resolved, that the Mental Health Board presents the following award:
The Mental Health Board of San Francisco
proudly presents our
Inspiration and Challenge Award
to
Diana Ming Chan & Clarence K. Chan
For making an incredibly generous gift of over $500,000 to San Francisco
to place school social workers in the public schools.
For honoring social workers for all they give to our children, families, and communities.
For inspiring and challenging other citizens here and around the country
to follow your example of citizen philanthropy!
(Passed unanimously.)

4.2 Children's Committee

The focus will be on Special Education.

4.3. Cultural Competency and Special Populations

No report.

4.4 Program and Services

The focus will be on LPS Reform and other mental health legislation in Sacramento, and on developing a handbook of best practices for program reviews.

4.5 State Liaison

Mr. Shipley: There are several things I do. I'm a Regional Director for the California Network of Mental Health Clients. I'm our Board's representative and a Director of the California Association of Local Mental Health Boards and Commissions. We get verbal reports from Dr. Mayberg and other officials of the State Mental Health Department.

I follow state legislation. AB 1421 by Helen Thomson is part of the LPS Reform. It includes court-ordered involuntary outpatient commitment, and cuts the number of hearings down to one. This year it sailed through the Health Committee in the Assembly where Helen Thomson is the Chair, and yesterday it passed the Judiciary Committee. Next it goes to Appropriations. It calls for an expenditure of $50 million.

5.0 PUBLIC COMMENT

Mr. Kalman: I would like to thank the Mental Health Board members for all their volunteer time and work.

There being no further business, the meeting was adjourned at 8:47 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

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www.ci.sf.ca.us/mental_health

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3/01

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, June 13, 2001
1380 Howard, Room 537
6:30 p.m.

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AGENDA

Public comments will be taken for each agenda item.

1.0 CALL TO ORDER AND CONSENT CALENDAR (10 minutes)
For discussion and proposed action

1.1 Call to Order and Announcements from the Chair

1.2 Consent Calendar (Attachment A)

1.2.a PROPOSED ACTION: Resolution that the Board approve the minutes of the MHB meeting on May 9, 2001.

1.2.b PROPOSED ACTION: Resolution approving leaves of absence for the MHB meeting on June 13, 2001: Bridgett Brown, April Martin Chartrand, Pat Harrison

2.0 MENTAL HEALTH BOARD COMMITTEES (50 minutes)
For discussion

The Board will discuss the goals and plans for its committees.

3.0 DIRECTORS REPORTS (30 minutes)
For discussion

3.1 Report from the Director of Community Mental Health Services
A report on the activities and operations of Community Mental Health Services, including budget, planning, policy, and programs and services.

3.2 Report from the Executive Director of the Mental Health Board
A report including updates and announcements regarding the activities and operations of the Board.

4.0 MENTAL HEALTH BOARD COMMITTEES (20 minutes)
For discussion and proposed action

4.1 Report of the Chair of the Board and Executive Committee
Updates and announcements regarding discussions and actions of the Chair and the Executive Committee.

4.1.a PROPOSED ACTION: Resolution that the Board certify that it has reviewed and approved the federal PATH Grant (Projects for Assistance in Transition from Homelessness) with an increase for 2001/02 of $52,060 for a total of $168,396. (Attachment B)

4.1.b PROPOSED ACTION: Resolution that the Board certify that it has reviewed and approved the federal SAMHSA (Substance Abuse and Mental Health Services Administration) renewal application for fiscal year 2001/02 funds in the amount of $1,939,394, with $243,130 carried forward from fiscal year 2000/01, for a total of $2,182,524. (Attachment C)

4.1.c PROPOSED ACTION: Resolution that the Board presents its Making-It-Possible Award to Dick and Barbara Phillips for providing affordable space for the Hire-Ability Project of the Richmand Area Multi-services. (Attachment D)

4.2 Children's Committee
No report

4.3 Cultural Competency & Special Populations Committee
No report.

4.4 Program and Services Committee
No report

4.5 State Liaison
A report on developments regarding mental health services, policy, and funding at the state level, including the California legislature, the State Department of Mental Health, and other statewide advocacy or policy organizations.

5.0 PUBLIC COMMENT (10 minutes)
This is an opportunity for members of the public to address the Mental Health Board on items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board. Additionally, public comments will be taken for each agenda item.

This agenda and all attachments can be viewed at: www.ci.sf.ca.us/mental_health. Attachments are also available at the Mental Health Board Office, 1380 Howard Street, Suite 510, telephone 255-3474.

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) 5 days before the meeting. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in Room 537. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Down-town Loop and the 72 Haight/Noriega. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. The main entrance to 1380 Howard is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Alley which runs on the opposite side of the building from 10th Street.

4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Donna Hall
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Ms. Hall, or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.ci.sf.ca.us/sunshine.htm**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.ci.sf.ca.us/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

ATTENTION: Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (SF Administrative Code 16.520-16.534) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact:

Ethics Commission
1390 Market Street #701
San Francisco, CA 94102
Telephone (415) 554-9510
Fax: (415) 703-0121
Website: **www.ci.sf.ca.us/ethics**

SAN FRANCISCO MENTAL HEALTH BOARD

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MENTAL HEALTH BOARD
ATTACHMENT A
June 13, 2001

CONSENT CALENDAR

All items on the Consent Calendar are handled through a single vote. There will be no discussion unless a member requests it, in which case the item will be removed from Consent Calendar and discussed. Additional names may be added to the leave of absence resolution during the meeting.

1.2.a PROPOSED RESOLUTION: **Be it resolved that the minutes of the Mental Health Board meeting of May 9, 2001, be approved as submitted.**

1.2.b PROPOSED RESOLUTION: **Be it resolved that the Mental Health Board grants leaves of absence for the meeting of June 13, 2001, to the following members: Bridgett Brown, April Martin Chartrand, and Pat Harrison.**

SAN FRANCISCO MENTAL HEALTH BOARD

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MENTAL HEALTH BOARD
ATTACHMENT B
June 13, 2001

REVIEW OF THE PATH GRANT

The Mental Health Board is required every year to review the renewal of the Community Mental Health Services grant from the Federal Projects for Assistance in Transition from Homelessness (PATH)..

PROPOSED RESOLUTION

Be it resolved that the Mental Health Board send a letter to Jo Ruffin, Director, Community Mental Health Services, stating that the Board has reviewed the CMHS renewal proposal for the 2000/01 grant from the federal Projects for Assistance in Transition from Homelessness (PATH) with an increase for fiscal year 2000/01 of $52,060 for a total of $168,396, and that the Board gives its full approval and support to this grant.

City and County of San Francisco
Department of Public Health
DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERV

BLANCHE KORFMACHER,LCSW
DIRECTOR, CLUSTER II
(415) 255-3640
FAX(415) 255-3567

Memorandum

TO: Jim Beauford, Ph.D.
Chair, Mental Health Board

FROM: Blanche Korfmacher, LSCW
Assistant Director, CMHS Adult Services

DATE: May 14, 2001

RE: 2001/02 PATH Grant Application

CMHS received good news this year regarding our PATH funding. The State of California PATH grant allotment for FY 01/02 was increased by $1,038,000. For San Francisco, the allotment increased from $116,336 to $168,396, for an additional $52,060. With this additional funding, the state Department of Mental Health provided counties a partial restoration of federal funding reductions made in 1996/97.

I have submitted a preliminary plan to the State of California for utilization of the FY01/02 funding that includes continuing the mental health and case management services that were successfully provided last year for mentally disabled homeless individuals at Swords To Plowshares, Episcopal Community Services Episcopal Sanctuary and the MOST program at South of Market Mental Health Services. Most of the additional funding is used to restore PATH reductions in the Swords contract, which resulted in some new services for their PATH clients. There is some added funding for the Episcopal Sanctuary as outlined below.

The additional PATH grant funding for FY 01/02 is sufficient to fund a portion of one clinical consultant position at

Episcopal Sanctuary. The consultant will provide needed on site staff training and clinical consultation. The increased PATH funding at Swords To Plowshares will provide a .26 FTE Staff Psychologist who will provide clinical training for staff including training in cultural competency. There was also sufficient new funding to increase the hours of the consulting psychologist at Swords To plowshares. He will provide diagnostic services and psychological testing to assist PATH clients with the SSI application process.

An integral part of the annual reapplication process for the PATH grant involves documentation of a review of the PATH grant application by the Mental Health Board. Please review this application at your earliest convenience. If the application meets with your approval, I will need a letter from you addressed to me documenting the date of your review and stating your approval of the application. This document will be submitted to the State Department of Mental Health along with other application materials.

Per request from the Mental Health Board, I am enclosing a copy of the 99/00 outcome report for the funded programs for your review. Please note that the Episcopal Sanctuary was first funded in 00/01 so their outcome report will not be available until September 2001.

Thank you for your help in supporting continued funding for mental health services for the homeless population. Due to the quick turnaround required by the state on this application process, I am requesting your response on this matter by June 30, 2001, if at all possible, to keep within the timelines provided by the State Department of Mental Health. Please let me know if you need any further information regarding this process.

State of California
Department of Mental Health

Health and Welfare Agency

PATH ALLOCATION WORKSHEET - PLANNING ESTIMATE

MH 1772B (2/01)

STATE FISCAL YEAR: 2001/2002

FEDERAL CATALOG NO. 93.150

COUNTY: SAN FRANCISCO

REVISION NO: **PLANNING ESTIMATE**

The State Department of Mental Health (DMH) provides (for planning purposes) the Federal Projects For Assistance in Transition From Homelessness (PATH) Formula Grant funds to counties for State Fiscal Year (SFY) 2001/2002. Your Planning Estimate is identified below.

PATH Funds SFY 2001/2002 (Amount Reimbursable):	$168,396
Rollover:	1,198
Total PATH Program SFY 2001/2002:	$169,594

PURPOSE: Planning Estimate

Date: March 26, 2001

I the undersigned Director of Mental Health for SAN FRANCISCO County, have accepted the Federal PATH funds for the county under the specific conditions included in the positive and negative assurances as part of the County Application Package (CAP), as well as those conditions established by other governing federal and state laws, policies, regulations, and guidelines. The CAP, as approved by DMH, will be followed in expending these funds.

Jo Ruffin (Tw)

County Mental Health Director

May 14, 2001

Date

Enclosure II

Federal Assurances

Forms Included:

1. CERTIFICATIONS
   PHS 5161-1 (6/99)

OMB Approval No. 0920-C
Expiration Date: April 30, 2

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, In eligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub- grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FRE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for t. applicant organization) certifies that the applica will, or will continue to, provide a drug-free wor place in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees th the unlawful manufacture, distribution, di pensing, possession or use of a controll substance is prohibited in the grantee's wor place and specifying the actions that will b taken against employees for violation of suc prohibition;

(b) Establishing an ongoing drug-free awarenes program to inform employees about--
  (1) The dangers of drug abuse in th workplace;
  (2) The grantee's policy of maintaining drug-free workplace;
  (3) Any available drug counseling, rehabil itation, and employee assistance programs and
  (4) The penalties that may be imposed upo employees for drug abuse violation occurring in the workplace;

(c) Making it a requirement that each employee t be engaged in the performance of the grant b given a copy of the statement required b paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as condition of employment under the grant, the employee will--
  (1) Abide by the terms of the statement; and
  (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or at to influence an officer or employee of any a Member of Congress, an officer or empl Congress, or an employee of a Member of C in connection with the awarding of any contract, the making of any Federal gra making of any Federal loan, the entering int cooperative agreement, and the ext continuation, renewal, amendment, or modi of any Federal contract, grant, loan, or coop agreement.

(2) If any funds other than Federally appropriate have been paid or will be paid to any pers influencing or attempting to influence an off employee of any agency, a Member of Congr officer or employee of Congress, or an emplo a Member of Congress in connection wit Federal contract, grant, loan, or coop agreement, the undersigned shall complet submit Standard Form-LLL, "Disclosur Lobbying Activities," in accordance wit instructions. (If needed, Standard Form "Disclosure of Lobbying Activities," instructions, and continuation sheet are inclu the end of this application form.)

(3) The undersigned shall require that the langua this certification be included in the award uments for all subawards at all tiers (incl subcontracts, subgrants, and contracts under g loans and cooperative agreements) and th subrecipients shall certify and disclose accordi

This certification is a material representation of upon which reliance was placed when this transa was made or entered into. Submission of certification is a prerequisite for making or entering this transaction imposed by Section 1352, U.S. (Any person who fails to file the required certific shall be subject to a civil penalty of not less $10,000 and not more than $100,000 for each failure.

4. CERTIFICATION REGARDING PROGR FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing fo applicant organization) certifies that the statem herein are true, complete, and accurate to the be his or her knowledge, and that he or she is aw that any false, fictitious, or fraudulent statement claims may subject him or her to criminal, c administrative penalties. The undersigned that the applicant organization will comply with Public Health Service terms and conditions award if a grant is awarded as a result of application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the l may result in the imposition of a civil moneta penalty of up to $1,000 for each violation and/or t imposition of an administrative compliance order the responsible entity.

By signing the certification, the undersign certifies that the applicant organization will comp with the requirements of the Act and will not allo smoking within any portion of any indoor facili used for the provision of services for children defined by the Act.

The applicant organization agrees that it will requi that the language of this certification be included any subawards which contain provisions f children's services and that all subrecipients sha certify accordingly.

The Public Health Services strongly encourages a grant recipients to provide a smoke-free workplac and promote the non-use of tobacco products. Thi is consistent with the PHS mission to protect an advance the physical an mental health of th American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Jo Ruffin	TITLE Director, Community Mental Health Svs	
APPLICANT ORGANIZATION San Francisco Department of Public Health, Community Mental Health Services		DATE SUBMITTED May 11, 2001

COMPLIANCE ASSURANCES

I hereby certify that the County of San Francisco agrees to the following:

A. Amounts received under the PATH Formula Grant will be expended solely to provide services to persons who have a serious mental illness, or have a co-occurring serious mental illness and substance abuse disorder, and who are homeless or at imminent risk of becoming homeless.

B. Grant funds shall be expended only for the following services:

1. Outreach services;
2. Screening and diagnostic treatment services;
3. Habilitation and rehabilitation services;
4. Community mental health services;
5. Alcohol or drug treatment services;
6. Staff training, including the training of individuals who work in sites where homeless individuals require services;
7. Case management services;
8. Supportive and supervisory services in residential settings;
9. Referrals for primary health services, job training, education services, and relevant housing services; and
10. Housing services including minor revision, expansion, and repair of housing; planning of housing, technical assistance in applying for housing assistance, improving the coordination of housing services, security deposits, costs associated with matching eligible homeless individuals with appropriate housing situations, and one-time rental payments to prevent eviction.

C. Grants will be made pursuant to subsection (a) only to entities that have the capacity to provide, directly or through arrangements, the specified service(s) including coordinating the provision of service(s) in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from substance abuse.

D. Special consideration will be given to funding entities with a demonstrated effectiveness in serving veterans who are homeless.

E. Grant funds will not be given to any entity that has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse or which excludes individuals from substance abuse services due to the existence or suspicion of mental illness.

F. Not more than 2.0 percent of the payments under PATH will be expended for administrative expenses.

G. The county will verify that the manner and timing of the public notification of the mental health board review of the PATH application provides sufficient opportunity to allow comments from interested persons and agencies at the board hearing.

H. Not more than 20 percent of the payments will be expended for allowable housing services. The payments will not be expended to support emergency shelters or construction of housing facilities for inpatient psychiatric or inpatient substance abuse treatment costs or to make cash payments to intended recipients of mental health or substance abuse services.

I. The county will make available, directly or through donations from public or private entities, non-federal contributions toward such costs in an amount that is not less than one dollar for each three dollars of federal funds provided in such payments. The amount of the county match is $ 56,132.

J. The description of intended use will be revised throughout the year to reflect substantial changes in the programs and activities funded through the PATH grant.

K. The county agrees to provide all reports required by the State Department of Mental Health.

L. The county has budgeted SFY 2000-2001 non-PATH funds for services to individuals who are homeless and mentally disabled as follows:

$ 61,765 Federal (non-PATH)

$ 19,137,961 Other

Jo Ruffin

Signature of Director

May 14, 2001

Date

Federal Assurances

Forms Included:

1. ASSURANCES – CONSTRUCTION PROGRAMS
   (Standard Form 424d (Rev. 7-97)

2. ASSURANCES – NON – CONSTRUCTION PROGRAMS
   (Standard Form 424b (Rev 7-97)

OMB Approval No. 034

ASSURANCES - CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for revie instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collectio information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestion reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additi assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property aquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.

4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.

5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or State.

6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

8. Will comply with the Intergovernmental Personnel of 1970 (42 U.S.C. §§4728-4763) relating to prescrib standards for merit systems for programs func under one of the 19 statutes or regulations specified Appendix A of OPM's Standards for a Merit System Personnel Administration (5 C.F.R. 900, Subpart F).

9. Will comply with the Lead-Based Paint Poison Prevention Act (42 U.S.C. §§4801 et seq.) wh prohibits the use of lead-based paint in construction rehabilitation of residence structures.

10. Will comply with all Federal statutes relating to no discrimination. These include but are not limited to: (Title VI of the Civil Rights Act of 1964 (P.L. 88-35 which prohibits discrimination on the basis of rac color or national origin; (b) Title IX of the Educati Amendments of 1972, as amended (20 U.S.C. §§168 1683, and 1685-1686), which prohibits discriminatio on the basis of sex; (c) Section 504 of th Rehabilitation Act of 1973, as amended (29 U.S.C §794), which prohibits discrimination on the basis o handicaps; (d) the Age Discrimination Act of 1975, a amended (42 U.S.C. §§6101-6107), which prohibit discrimination on the basis of age; (e) the Drug Abus Office and Treatment Act of 1972 (P.L. 92-255), a amended, relating to nondiscrimination on the basis o drug abuse; (f) the Comprehensive Alcohol Abuse an Alcoholism Prevention, Treatment and Rehabilitatio Act of 1970 (P.L. 91-616), as amended, relating t nondiscrimination on the basis of alcohol abuse o alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcoho and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.

14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 196
190) and Executive Order (EO) 11514; (b) no
of violating facilities pursuant to EO 117
protection of wetlands pursuant to EO 11
evaluation of flood hazards in floodplains in acc
with EO 11988; (e) assurance of project con
with the approved State management
developed under the Coastal Zone Managemer
1972 (16 U.S.C. §§1451 et seq.); (f) confor
Federal actions to State (Clean Air) Impleme
Plans under Section 176(c) of the Clean Air
1955, as amended (42 U.S.C. §§7401 et se
protection of underground sources of drinkin
under the Safe Drinking Water Act of 19
amended (P.L. 93-523); and, (h) protect
endangered species under the Endangered Spec
of 1973, as amended (P.L. 93-205).

16. Will comply with the Wild and Scenic Rivers
1968 (16 U.S.C. §§1271 et seq.) related to pro
components or potential components of the n
wild and scenic rivers system.

17. Will assist the awarding agency in assuring com
with Section 106 of the National Historic Prese
Act of 1966, as amended (16 U.S.C. §470), EO
(identification and protection of historic properties
the Archaeological and Historic Preservatio
1974 (16 U.S.C. §§469a-1 et seq.).

18. Will cause to be performed the required financia
compliance audits in accordance with the Single
Act Amendments of 1996 and OMB Circular No. A
"Audits of States, Local Governments, and Non-
Organizations."

19. Will comply with all applicable requirements of all
Federal laws, executive orders, regulations. and o
governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Ruffin	TITLE Director, Community Mental Health Ser
APPLICANT ORGANIZATION San Francisco Department of Public Health, Community Mental Health Services	DATE SUBMITTED May 11, 2001

OMB Approval No. 034

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for revie instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collectic information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestion reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGE SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contac awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), wh prohibits discrimination on the basis of handicaps; the Age Discrimination Act of 1975, as amended (U.S.C. §§6101-6107), which prohibits discriminat on the basis of age; (e) the Drug Abuse Office a Treatment Act of 1972 (P.L. 92-255), as amend relating to nondiscrimination on the basis of dr abuse; (f) the Comprehensive Alcohol Abuse a Alcoholism Prevention, Treatment and Rehabilitati Act of 1970 (P.L. 91-616), as amended, relating nondiscrimination on the basis of alcohol abuse alcoholism; (g) §§523 and 527 of the Public Hea Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 3), as amended, relating to confidentiality of alcoh and drug abuse patient records; (h) Title VIII of t Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), amended, relating to nondiscrimination in the sa rental or financing of housing; (i) any oth nondiscrimination provisions in the specific statute under which application for Federal assistance is beir made; and, (j) the requirements of any oth nondiscrimination statute(s) which may apply to th application.

7. Will comply, or has already complied, with th requirements of Titles II and III of the Unifor Relocation Assistance and Real Property Acquisitic Policies Act of 1970 (P.L. 91-646) which provide fc fair and equitable treatment of persons displaced c whose property is acquired as a result of Federal c federally-assisted programs. These requirements app to all interests in real property acquired for projec purposes regardless of Federal participation purchases.

8. Will comply, as applicable, with provisions of th Hatch Act (5 U.S.C. §§1501-1508 and 7324-732 which limit the political activities of employees whos principal employment activities are funded in whole c in part with Federal funds.

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Standard Form 424B (Rev. 7

Prescribed by OMB Circular A-

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act 1968 (16 U.S.C. §§1271 et seq.) related to protecti components or potential components of the natior wild and scenic rivers system.

13. Will assist the awarding agency in assuring complian with Section 106 of the National Historic Preservati Act of 1966, as amended (16 U.S.C. §470), EO 115 (identification and protection of historic properties), a the Archaeological and Historic Preservation Act 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection human subjects involved in research, development, ar related activities supported by this award of assistance

15. Will comply with the Laboratory Animal Welfare Act 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 seq.) pertaining to the care, handling, and treatment warm blooded animals held for research, teaching, other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisonin Prevention Act (42 U.S.C. §§4801 et seq.) whic prohibits the use of lead-based paint in construction rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Aud Act Amendments of 1996 and OMB Circular No. A-13 "Audits of States, Local Governments, and Non-Prof Organizations."

18. Will comply with all applicable requirements of all othe Federal laws, executive orders, regulations, and policie governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Jo Ruffin (LW)	TITLE Director, Community Mental Health Servic
APPLICANT ORGANIZATION San Francisco Department of Public Health, Community Mental Health Services	DATE SUBMITTED May 11, 2001

Enclosure V (4/01)

PATH PROGRAM

PROVIDER INTENDED USE PLAN - FACE SHEET

County: San Francisco

Provider: South of Market Outpatient

Provider Type: **Community Mental Health**

Service Area (county, city, region, neighborhood, etc): **County**

Fiscal Year: 2001/2002

Allocation: $51,181

County Contact Person: Blanche Korfmacher, LCSW

Telephone: (415) 255-3650

FAX: (415) 255-3567

email: blanche_korfmacher@DPH.sf.ca.us

Indicate which of the following essential services will be provided by the provider with PATH funding:

____ Outreach
____ Housing
X Staff Training
X Community Mental Health Services
X Screening and Diagnostic Services
____ Supportive and Supervisory Services in Residential Settings
X Referrals for Primary Health Services, Job Training, Education Services and Relevant Housing Services
X Case Management
____ Alcohol or Drug Treatment

Indicate which budget categories are funded by PATH:

X Personnel
____ Consultants
____ Equipment
____ Supplies
____ Travel
____ Other

Description of the flow of federal PATH funds in California:

PATH funding in California is allocated to the counties from the California State Department of Mental Health. Each county has a Mental Health Program that provides services to the public sector in California; the PATH funds are distributed at the county level to either county or contract providers.

Additional Required Items (ITEMS 1 - 13 OF THE INTENDED USE PLAN)

To complete the INTENDED USE PLAN, please submit items 1 thru 13 as outlined in the Guidelines of these instructions. Limit is THREE additional sheets of plain (not letterhead) paper, with name of county indicated at the top of the sheet.

Enclosure V (

PATH PROGRAM

PROVIDER INTENDED USE PLAN - FACE SHEET

County San Francisco

Fiscal Year: 2001/2002

Provider Episcopal Community Services

Allocation: $50,585

Provider Type **Community Mental Health**

Service Area (county, city, region, neighborhood, etc) **County**

County Contact Person: Blanche Korfmacher, LCSW

Telephone: (415) 255-3650

FAX: (415) 255-3567

email: blanche_korfmacher@DPH.sf.ca.us

Indicate which of the following essential services will be provided by the provider with PATH funding:

X Outreach

Housing

X Staff Training

X Community Mental Health Services

Screening and Diagnostic Services

Supportive and Supervisory Services in Residential Settings

Referrals for Primary Health Services, Job Training, Education Services and Relevant Housing Services

X Case Management

Alcohol or Drug Treatment

Indicate which budget categories are funded by PATH:

X Personnel

X Consultants

Equipment

Supplies

Travel

Other

Description of the flow of federal PATH funds in California:

PATH funding in California is allocated to the counties from the California State Department of Mental Health. Each county has a Mental Health Program that provides services to the public sector in California; the PATH funds are distributed at the county level to either county or contract providers.

Additional Required Items (ITEMS 1 - 13 OF THE INTENDED USE PLAN)

To complete the INTENDED USE PLAN, please submit items 1 thru 13 as outlined in the Guidelines of these instructions. Limit is THREE additional sheets of plain (not letterhead) paper, with name of county indicated at the top of the sheet.

Enclosure V (4/0

PATH PROGRAM

PROVIDER INTENDED USE PLAN - FACE SHEET

County SanFrancisco

Fiscal Year: 2001/2002

Provider Swords To Plowshares

Allocation: $67,828

Provider Type **Community Mental Health**

Service Area (county, city, region, neighborhood, etc) **County**

County Contact Person: Blanche Korfmacher, LCSW

Telephone: (415) 255-3650

FAX: (415) 255-3567

email: blanche_korfmacher@DPH.sf.ca.us

Indicate which of the following essential services will be provided by the provider with PATH funding:

X Outreach
___ Housing
X Staff Training
___ Community Mental Health Services
X Screening and Diagnostic Services
___ Supportive and Supervisory Services in Residential Settings
X Referrals for Primary Health Services, Job Training, Education Services and Relevant Housing Services
X Case Management
___ Alcohol or Drug Treatment

Indicate which budget categories are funded by PATH:

X Personnel
X Consultants
___ Equipment
___ Supplies
___ Travel
___ Other

Description of the flow of federal PATH funds in California:

PATH funding in California is allocated to the counties from the California State Department of Mental Health. Each county has a Mental Health Program that provides services to the public sector in California; the PATH funds are distributed at the county level to either county or contract providers.

Additional Required Items (ITEMS 1 - 13 OF THE INTENDED USE PLAN)

To complete the INTENDED USE PLAN, please submit items 1 thru 13 as outlined in the Guidelines of these instructions. Limit is THREE additional sheets of plain (not letterhead) paper, with name of county indicated at the top of the sheet.

City and County of San Francisco

Public Health
Population Health and Prevention
Fiscal Division

December 20, 2000

Mr. Jim Collins
Planning, Grants & Revenue Enhancement
Department of Mental Health
1600 Ninth Street, Room 250
Sacramento, California 95864

Dear Mr. Collins:

Please find, enclosed our year-end cost report for SB McKinney Path grant for Fiscal Year 1999-2000.

Please contact Olivia David at (415) 255-3462 if you have any questions.

Very truly yours,

Espie A. Biasbas
jc Financial Systems Supervisor

cc: Blanche Korfmacher
Enclosures

received, 12/27/00

1380 Howard Street, 4th Floor
San Francisco, CA 94103

Tel: (415) 255-3450
Fax: (415) 255-3675

State of California
Department of Mental Health

PATH GRANT

FEDERAL GRANT QUARTERLY EXPENDITURE REPORT AND ADVANCE PAYMENT RECONCILIATION
MH 1767A REV(4/97)

SUBMISSION DATE 12/20/00

STATE FISCAL YEAR 1999-2000

HOMELESS PROGRAM

Contact Person- Olivia David

Telephone No. (415) 255-3462

COUNTY San Francisco

GRANT PROGRAM NAM Community Mental Health Services

PROJECT TITLE McKinney/PATH Grant

IF LESS THAN ONE YEAR START/END DA N/A

PROGRAM SERVICE	ADDRESS	CITY	CRDC PROVIDER #
1.South of Market Clinic	471 Jessie St.,	San Francisco, CA 94102	3871
2.Swords to Plowshares	1063 Market St.,	San Francisco, CA 94103	8925
3.			

1. GRANT PROGRAM	QUARTER ENDING SEPT. 30	DEC. 31	MAR. 31	JUN. 30	YR-TO-DATE TOTAL	YEAR END COST REPORT ACTUAL COST
a. Total Staff Expenses	10,963	10,829	12,741	13,885	48,418	48,418
Adjustment prior quarter	0	(437)	0	0	(437)	(437)
Consultant Costs	0	0	0	0	0	0
c. Equipment	0	0	0	0	0	0
d. Supplies	0	0	0	0	0	0
e. Travel	0	0	0	0	0	0
f. Other /Contract	0	0	21,014	4,225	25,239	25,239
g. Total County PATH Expenses (PATH specific costs only) (contract provider and county programs) (sum lines a thru f)	10,963	10,392	33,755	18,110	73,220	73,220
h. County Contract Administration	0	427	675	362	1,464	1,464
i. TOTAL EXPENSES (sum lines g and h)	**10,963**	**10,819**	**34,430**	**18,472**	**74,684**	✓ 74,684

FOR STATE USE ONLY

2. STATE ADVANCES ACCRUED BY QUARTER						
3. ADJUSTMENTS						
4. ADVANCE PAYMENTS ALLOWED						
5. AMOUNT TO BE ADJUSTED ON THE NEXT QUARTER ADVANCE						

I hereby certify that the amounts above are true and correct, and in accordance with law. I am the official responsible for the administration of the County Mental Health Program.

DATE: 12/21/00 SIGNATURE:

I am the duly qualified and authorized official of the County responsible for the examination and settlement of accounts (YEAR END COST REPORT ONLY).

DATE: 12-27-00 SIGNATURE:

JD

State of California
Department of Mental Health

PATH GRANT

FEDERAL GRANT QUARTERLY EXPENDITURE REPORT AND ADVANCE PAYMENT RECONCILIATION
MH 1767A REV(3/99)

SUBMISSION DATE 12/20/00

STATE FISCAL YEAR 1999-2000

HOMELESS PROGRAM

Contact Person- Olivia David

Telephone (415) 255-3462

COUNTY San Francisco

GRANT PROGRAM NAI Community Mental Health Services
PROJECT TITLE McKinney/PATH Grant
IF LESS THAN ONE YEAR. START/END DA N/A

PROGRAM SERVICE	ADDRESS	CITY	CRDC PROVIDER #
1.South of Market Clini	471 Jessie St.,	San Francisco, CA 941	3871
2.			
3.			

1. GRANT PROGRAM	QUARTER ENDING SEPT. 30	DEC. 31	MAR. 31	JUN. 30	YR-TO-DATE TOTAL	YEAR END COST REPOR ACTUAL COST
a. Total Staff Expenses	10,963	10,829	12,741	13,885	48,418	48,41
Adjustment prior quarter		(437)			(437)	
b. Consultant Costs	0	0	0	0	0	
c. Equipment	0	0	0	0	0	
d. Supplies	0	0	0	0	0	
e. Travel	0	0	0	0	0	
f. Other /Contract	0	0	0	0	0	
g. Total County PATH Expenses (PATH specific costs only) (contract provider and county programs) (sum lines a thru f)	10,963	10,392	12,741	13,885	47,981	47,98
h. County Contract Administration		427	255	278	960	96
i TOTAL EXPENSES (sum lines g and h)	**10,963**	**10,819**	**12,996**	**14,163**	**48,941**	48,94

FOR STATE USE ONLY

2. STATE ADVANCES ACCRUED BY QUARTER						
3. ADJUSTMENTS						
4 ADVANCE PAYMENTS ALLOWED						
5. AMOUNT TO BE ADJUSTED ON THE NEXT QUARTER ADVANC						

I hereby certify that the amounts above are true and correct, and in accordance with law. I am the official responsible for the administration of the County Mental Health Program.

DATE. 12/21/00 SIGNATURE:

I am the duly qualified and authorized official of the County responsible for the examination and settlement of accounts (YEAR END COST REPORT ONLY).

DATE: 12-27-00 SIGNATURE:

State of California
Department of Mental Health

PATH GRANT

FEDERAL GRANT QUARTERLY EXPENDITURE REPORT AND ADVANCE PAYMENT RECONCILIATION
MH 1767A REV(3/99)

SUBMISSION DATE 12/20/00

STATE FISCAL YEAR 1999-2000

HOMELESS PROGRAM

Contact Person- Olivia David

Telephone (415) 255-3462

COUNTY San Francisco

	PROGRAM SERVICE	ADDRESS	CITY	CRDC PROVIDER #
GRANT PROGRAM NAI Community Mental Health Services	**1.Swords to Plowshare**	**1063 Market St.,**	**San Francisco, CA 941**	8925
PROJECT TITLE McKinney/PATH Grant	**2.**			
F LESS THAN ONE YEAR: START/END DA N/A	**3.**			

1. GRANT PROGRAM	QUARTER ENDING SEPT. 30	DEC. 31	MAR. 31	JUN. 30	YR-TO-DATE TOTAL	YEAR END COST REPORT ACTUAL COST
a. Total Staff Expenses	0	0	0	0	0	0
Adjustment prior quarter	0	0	0	0	0	0
Consultant Costs	0	0	0	0	0	0
c. Equipment	0	0	0	0	0	0
d. Supplies	0	0	0	0	0	0
e. Travel	0	0	0	0	0	0
f. Other /Contract	0	0	21,014	4,225	25,239	25,239
g. Total County PATH Expenses (PATH specific costs only) (contract provider and county programs) (sum lines a thru f)	0	0	21,014	4,225	25,239	25,239
h. County Contract Administration	0	0	420	85	505	505
i. TOTAL EXPENSES (sum lines g and h)	**0**	**0**	**21,434**	**4,310**	**25,744**	25,744

FOR STATE USE ONLY

STATE ADVANCES ACCRUED BY QUARTER						
ADJUSTMENTS						
ADVANCE PAYMENTS ALLOWED						
AMOUNT TO BE ADJUSTED ON THE NEXT QUARTER ADVANC						

hereby certify that the amounts above are true and correct, and in accordance with law. I am the official responsible for the administration of the County Mental Health Program.

DATE: 12/21/00 SIGNATURE:

Do

I am the duly qualified and authorized official of the County responsible for the examination and settlement of accounts (YEAR END COST REPORT ONLY).

DATE: 12-27-00 SIGNATURE:

```
FAML6220 V4.2     CITY/COUNTY OF SAN FRANCISCO PRODUCTION: FAMIS     11/27/2000
LINK TO:                    GRANT SUMMARY INQUIRY                      11:03 AM
ACTIVE
BALANCE (Y,M,Q,A) : A            FUNDING PD :          CURRENCY CODE :
FISCAL MO/YEAR    : 05 2001 NOV  2000     GRANT END DATE:
GRANT             : HMPATH SB MCKINNEY-PATH
GRANT DETAIL      : 00     PATH-FY99-00
CHARACTER         : X
OBJECT CODE       :
FUND TYPE         :
FUND              :
SUBFUND           :
-------------------------------------------------------------------------------
CHAR   DESCRIPTION             BUDGET      ACTUAL       PREENC/ENC       BALANCE
450    INTERGOVERNMENTAL RE       75,882      75,882
       REVENUE TOTAL              75,882      75,882
001    SALARIES                   40,033      39,659                         374
013    MANDATORY FRINGE BEN        9,121       8,320                         801
020    OVERHEAD                    1,489       1,464                          25
021    NON PERSONAL SERVICE       25,239      25,239
       EXPENDITURE TOTAL          75,882      74,683                       1,199
       REVENUE LESS EXPEND                     1,200                       1,200
```

HMPATH 99-2000
ADJUSTED PERSONAL COSTS 4TH QUARTER

FRINGE CORRECTION: 4th QUARTER

			4TH QTR		MFB%		Fringes rates	S/B 23%	Amount for
			SALARIES	FRINGES		TOTAL	per Rpt 62	per Bud.	correction
	2320	JORGE SOLIS	2,362.22	495.93		2,858.15	0.21	543.31	47.38
		ANTJE ARCHIBALD	2,281.51	431.82		2,713.33	0.19	524.75	92.93
	2588	JAMES TATE	2,154.60	1,663.66		3,818.26	0.77	495.56	(1,168.10)
	2230	ALLEN TURPIN	4,490.00	766.74		5,256.74	0.17	1,032.70	265.96
Rpt 62		**TOTAL IN FAMIS**	**11,288.33**	**3,358.15**	0.30	**14,646.48**		2,596.32	(761.83)
GEHM		Correction of fringes	0.00	(761.83)		(761.83)			
		4TH QTR TOTAL	**11,288.33**	**2,596.32**	0.23	**13,884.65**			
		TOTAL SALARIES 4TH QTI	**11,288.33**	**2,596.32**		**13,884.65**			
		1ST QTR SALARIES	8,793.12	1,731.62		10,524.74			
		2ND QTR SALARIES	9,151.07	1,677.31		10,828.38			
		3RD QTR SALARIES	10,426.77	2,313.91		12,740.68			
		TOTAL	**39,659.29**	**8,319.16**		**47,978.45**			
		RECONCILIATION							
FAMIS		**as of FM01 FY01; ppe 6/30/**	**39,659.32**	**9,081.59**	**42.74**	**48,783.65**			
FM01 FY01		Prhm:Dental:Handley			22.72	**22.72**			
Gehm1073 FM1:		Prhm:Dental:Handley			**(65.46)**	**(65.46)**	to charge GF		
Gehm1073 FM1:		Correction of LDS fringes err	0	(761.83)		(761.83)	to charge GF		
		TOTAL	**39,659.32**	**8,319.76**	-	**47,979.08**			

12/20/00

```
FAML6051 V4.2     CITY/COUNTY OF SAN FRANCISCO PRODUCTION: FAMIS      12/27/2000
LINK TO:                        DOCUMENT INQUIRY                          2:13 PM
ACTIVE
FISCAL MO/YEAR   : 06 2001               CREATE DATE     : 01/25/2000
DOCUMENT         : POHM00000234 01       UPDATE DATE     : 05/30/2000
INDX HMHM731828G   RECURRING GRANTS      DUE DATE        : 06/01/2000
VEND 18010       01 SWORDS TO PLOWSHARES SINGLE CHK IND :
G/L  470           ENCUMBRANCES          UC
SOBJ 02789         OTHER MEDICAL SERVICE SBSD
PROJ                                     GRNT HMPATH       SB MCKINNEY-PATH
PRDT                                     GRDT 00           PATH-FY99-00
--------------------------------------------------------------------------------
S                            DEC  2000          JAN  2001          PRIOR YEAR
  ORIGINAL AMOUNT            25,239.00          25,239.00           25,239.00
  ADJUSTMENTS                      .00                .00                 .00
  LIQUIDATIONS              -25,239.00         -25,239.00          -25,239.00
  REMAINING BALAN                  .00                .00                 .00
  PAYMENT/RECEIPT            25,239.00          25,239.00           25,239.00
  RETAINAGE/LIENS                  .00                .00                 .00


F1-HELP      F2-SELECT               F4-PRIOR     F5-NEXT
                         F9-LINK
G014 - RECORD FOUND
```

```
FAML6052 V4.2       CITY/COUNTY OF SAN FRANCISCO PRODUCTION: FAMIS     12/27/2000
LINK TO:                          DOCUMENT DETAIL INQUIRY                 2:16 PM

PERIOD 12 2000 JUNE 2000  POST DOC : POHM00000234 01   BAL TYPE : 31 PAY/RCPT
---------------------------------------------------------------------------------
S POST DATE     PERIOD     T/C     DOCUMENT NO       TREAS NO  BANK NO   DUE DATE
  ------------- D E S C R I P T I O N -------------  CURR                 AMOUNT
  01/27/2000    07 2000    205P   VCSF00027654 01                      01/26/2000
  *ADJPLUS**01012000INV    *ADJ PLUS JANUARY'00 INV                    -16,466.00
  02/25/2000    08 2000    205P   VCSF00033709 01                      03/01/2000
  *02012000/03012000        *FEB-MAR'00 MENTAL HEALTH                   -3,032.00
  03/30/2000    09 2000    205P   VCSF00039397 01                      04/03/2000
  *040100A                  *APRIL'00 (SEE POHM0000002                  -1,516.00
  04/28/2000    10 2000    205P   VCSF00044654 01                      05/01/2000
  *050100A                  *MAY'00 (SEE VCSF00044652)                  -2,112.00
  05/30/2000    11 2000    205F   VCSF00050349 01                      06/01/2000
  *060100A                  *JUNE'00                                    -2,113.00
```

```
  01/27/2000    07 2000    205P   VCSF00027654 01                      01/26/2000
  *ADJPLUS**01012000INV    *ADJ PLUS JANUARY'00 INV                    -16,466.00
  02/25/2000    08 2000    205P   VCSF00033709 01                      03/01/2000
  *02012000/03012000        *FEB-MAR'00 MENTAL HEALTH                   -3,032.00
  03/30/2000    09 2000    205P   VCSF00039397 01                      04/03/2000
  *040100A                  *APRIL'00 (SEE POHM0000002                  -1,516.00
  04/28/2000    10 2000    205P   VCSF00044654 01                      05/01/2000
  *050100A                  *MAY'00 (SEE VCSF00044652)                  -2,112.00
  05/30/2000    11 2000    205F   VCSF00050349 01                      06/01/2000
  *060100A                  *JUNE'00                                    -2,113.00
```

City and County of San Francisco
DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Department of Public Health
1380 Howard Street
San Francisco, CA 94103
(415) 255-34
FAX (415) 255-3567

Linda Aaron-Cort
Department of Mental Health
Planning, Grants and Revenue Enhancement
1600 9th Street, Room 250
Sacramento, Ca. 95814

September 29, 2000

Dear Linda:

Enclosed is the PATH Annual Year End Report for fiscal year 1999/2000.

Please contact me if you need any further information or clarification regarding this report.

Very truly yours,

Blanche Korfmacher

Blanche Korfmacher, LCSW
Assistant Director, Adult Services

TABLE A: BUDGET INFORMATION

Fiscal Year 1999

(Beginning July 1, 1999 Ending June30, 2000)

Please report data for the Federal fiscal year, beginning October 1. If not possible, indicate the beginning and end dates of the 12 month period reported.

State: California

Organization: Dept. of Public Health, Community Mental Health Services

Phone: (415) 255-3650

Organization Contact Person: Blanche Korfmacher, LCSW

E-mail: Blanche_Korfmacher@DPH.SF.CA.US

Fax: (415) 255-3567

		Please indicate if the number reported is estimated or actual:
1. **Total** annual dollar amount for services dedicated to persons who are homeless and have serious mental illnesses (includes PATH, matching, and non-PATH funds)	$ 1,720,076	__ estimated X actual
2. **Federal** PATH funds received from the State	$ 75,882	__ estimated X actual
3. **Matching** funds from State, local, or other resources to support the provision of PATH services	$ 227,646	__ estimated X actual
4. Indicate the number of **staff** persons supported by federal PATH funds	6	__ estimated X actual
5. Indicate the full time equivalent (**FTE**) of staff persons supported by federal PATH funds *(Please see the definition of FTE in the PATH Annual Report Instructions)*	1.38	__ estimated X actual

6. Indicate the **type of organization** in which the PATH program operates by entering a number one (1) in the space next to the corresponding letter:

		Select only ONE category
a.	community mental health center	a. 1
b.	consumer-run mental health agency	b. __
c.	other mental health agency	c. __
d.	other social service agency	d. __
e.	health care for homeless/other health agency	e. __
f.	substance abuse treatment agency	f. __
g.	shelter or other temporary housing resource	g. __
h.	other housing agency	h. __
i.	other (specify) ____	i. __

TABLE B: PERSONS SERVED

To the extent possible, the annual reporting information should include **unduplicated counts** of persons served during the fiscal year. Information on persons served **should also include individuals who had been, but are no longer receiving services from the provider.** In some instances, a provider may only be able to provide an **estimate of these numbers. Estimates should be noted in the appropriate location on Table B;** footnotes are also encouraged for explanation of the reported data. Please use the definition for "PATH Client" provided in the PATH Annual Report Instructions. Please note that in this report, unless otherwise noted, report data on services provided, and persons served, by **federal**, not matching, PATH funds.

Please indicate if the number reported is estimated or actual:

1. Persons Who are Homeless and have Serious Mental Illnesses Served by **PATH AND Other Sources**

Number of persons (who are homeless and have a serious mental illness) who received services during the fiscal year supported by PATH and by all other sources
(Includes BOTH PATH-supported persons and other persons who are homeless and have serious mental illnesses served by the PATH-funded organization)
5,887 ___estimated X actual

2. Persons Served by Federal PATH Funds -- **Outreach**
(Include persons served by outreach supported at least in part by Federal PATH funds)

a. Number of persons **contacted** through PATH-supported outreach during the year
325 ___estimated X actual

b. Number of outreach contacts who became **enrolled** during the year as PATH clients
(Count as clients, persons for whom a clinical or other formal record has been prepared. Usually, these will be persons who received PATH-supported services in addition to outreach)
135 ___estimated X actual

c. Number of outreach contacts who do **not become enrolled** during the year as PATH clients
Note: Item 2.c = Item 2.a - Item 2.b.
190 ___estimated X actual

d. Number of outreach clients (in Item 2.c above) **not enrolled** because they have been found to be **Ineligible**
20 ___estimated X actual

3. Persons Served by PATH Funds -- **Enrolled PATH Clients**
(Include PATH clients enrolled in a previous year who were carried over into Fiscal Year 1999)
Total number of persons served during the year who are enrolled PATH clients
(Count as clients, persons for whom a clinical or other formal record has been prepared. These may include PATH clients enrolled through means other than outreach, i.e. self referrals, walk-ins, etc.)
150 ___estimated X actual

4 **Total** number of persons receiving any PATH-supported services during the year.
(Include persons who received any PATH services (1) even if only outreach services and (2) whether or not a clinical or other formal record has been prepared)
Note: Item 4 = Item 2.c + Item 3.
300 ___estimated X actual

TABLE C: AVAILABLE SERVICES

The following services can be supported with PATH funds. Few PATH providers offer all of these services. Please indicate with a check mark (✓) in the applicable column whether each service is supported fully by Federal PATH funds, supported partially by Federal PATH funds, not supported by Federal PATH funds or not provided by your organization to clients who are homeless and have serious mental illnesses. If the service is fully or partially PATH-funded, please indicate the number of enrolled PATH clients who received each PATH-funded service (column 6).

1	2	3	4	5	6
Services	100% PATH-Funded	Partially PATH-Funded	Service Provided, But Not PATH- Funded	Service Not Provided	Number of Enrolled PATH Clients served by PATH- Funded Service (☞ *Table B, Item 3)*
	Check ✓ ONLY ONE in each row				
[a] Outreach services		X			135
[b] Screening and diagnostic treatment services		X			135
[c] Habilitation and rehabilitation services		X			100
[d] Community mental health services		X			90
[e] Alcohol or drug treatment services		X			55
[f] Staff training, including the training of individuals who work in shelters, MH clinics, SA programs, and other sites.			X		--
[g] Case management services		X			115
[h] Supportive and supervisory services in residential settings			X		--
[i] Referrals for primary health services, job training, educational services, and relevant housing services		X			65
[j] Housing services:	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxxxxxxx
[1] Minor renovation, expansion, and repair of housing				X	--
[2] Planning of housing			X		--
[3] The costs associated with matching eligible homeless individuals with appropriate housing situations		X	--		80
[4] Technical assistance in applying for housing assistance			X		--
[5] Improving the coordination of housing services			X		--
[6] Security deposits			X		--
[7] One-time rental payments to prevent eviction			X		--
[k] Other - please specify: ______					

A person served may be counted in more than one category, but not more than once within a category. The SAME person receiving the SAME service repeatedly should be counted ONCE.

TABLE D: DEMOGRAPHICS

Include as much demographic information as is available on each enrolled PATH client. The sum total of clients recorded for each demographic category (i.e. each numbered question) in this table should be the same as the number recorded for question 3 of Table B. If demographic information is not available for certain data elements, enter the clients into the "Unknown" category for that data element. Certain data elements include information which may change over the course of the year (i.e., age). Where available, information should be provided which shows the status of the person at first contact, even if the first contact occurred in a prior fiscal year. However, for persons who have enrolled, left and then re-entered the service system, indicate status upon re-entry.

Total sum for each numbered category (e.g., age) must be equal to Table B, Item 3. **Please indicate if the number reported is estimated or actual:**

1. AGE

___estimated X actual

a. Less than 13 years a. 0
b. 13-17 years b. 0
c. 18-34 years c. 15
d. 35-64 years d 117
e. 65-74 years e. 13
f. 75 years and older f. 5
g. Unknown g. 0

2. GENDER

___estimated X actual

a Male a. 139
b. Female b. 11
c. Unknown c. 0

3A. ETHNICITY

___estimated X actual

a Hispanic or Latino a. 5
b. Not Hispanic or Latino b. 140
c. Unknown c. 5

3B. RACE

___estimated X actual

a. American Indian or Alaska Native a 8
b. Asian b. 5
c. Black or African American c. 68
d Hispanic or Latino d. 5
e. Native Hawaiian or Other Pacific Islander e. 1
f. White f. 60
g Other (Please, Specify________________) g. 3 *
h. Unknown h. 0

* 1-American Indian/African American
1-Portugese
1-Mulatto

TABLE D: DEMOGRAPHICS (continued)

Please indicate if the number reported is estimated or actual:

Total sum for each numbered category (e.g., veteran status) must be equal to Table B, Item 3.

4. PRINCIPAL MENTAL ILLNESS DIAGNOSIS

(Where available, include a clinical diagnosis that reflects the principal reason for which the client received services. If a diagnosis has not been made by a qualified clinician, include clinical impressions noted by outreach worker).

___estimated X actual

a. Schizophrenia and Related Disorders a. 29
b. Other Psychotic Disorders b. 9
c. Affective Disorders c. 38
d. Personality Disorders d. 8
e. Other Serious Mental Illness e. 12
f. No Serious Mental Illness f. 8
g. Unknown or Undiagnosed Mental Illness g. 46

5. CO-OCCURRING SUBSTANCE USE DISORDERS

___estimated X actual

a. Co-occurring Substance Use Disorders a. 62
b. No Co-occurring Substance Use Disorders b. 30
c. Unknown If Substance Use Disorder c. 58

6. VETERAN STATUS

___estimated X actual

a. Veteran a. 125
b. Non-veteran b. 11
c. Unknown c. 14

TABLE D: DEMOGRAPHICS (continued)

Please indicate if the number reported is estimated or actual:

Total sum for each numbered category (e.g., veteran status) must be equal to Table B, Item 3.

7. HOUSING STATUS (AT FIRST CONTACT)

___estimated X actual

a. Outdoors (e.g., street, abandoned or public building, automobile)	a. 49
b. Short term shelter	b. 32
c. Long term shelter	c. 3
d. Own or someone else's apartment, room, or house	d. 20
e. Hotel, SRO, boarding house	e. 30
f. Halfway house, residential treatment program	f. 8
g. Institution (psychiatric or other hospital, nursing home, etc.)	g. 1
h. Jail or correctional facility	h. 0
i. Other	i. 4
j. Unknown	j. 3

8. LENGTH OF TIME LIVING OUTDOORS OR IN SHORT TERM SHELTER AT FIRST CONTACT

___estimated X actual

Total sum for this item must be equal to 7.a+7.b

a. Less than 2 days	a. 1
b. Two to 30 days	b. 30
c. 31-90 days	c. 6
d. 91 days to 1 year	d. 19
e. Over 1 year	e. 15
f. Unknown	f. 10

SAN FRANCISCO MENTAL HEALTH BOARD

SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@igc.org
www.ci.sf.ca.us/mental_health

MENTAL HEALTH BOARD
ATTACHMENT C
June 13, 2001

REVIEW OF THE SAMHSA APPLICATION

The Mental Health Board is required every year to review the renewal application of the Community Mental Health Services grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

PROPOSED RESOLUTION

Be it resolved that the Mental Health Board send a letter to Jo Ruffin, Director, Community Mental Health Services, stating that the Board has reviewed the federal SAMHSA (Substance Abuse and Mental Health Services Administration) renewal application for fiscal year 2001/02 funds in the amount of $1,939,394, with $243,130 carried forward from fiscal year 2000/01, for a total of $2,182,524 and that the Board gives its full approval and support to this grant.

City and County of San Francisco
Department of Public Health
POPULATION HEALTH AND PREVENTION
COMMUNITY MENTAL HEALTH SERVICES

Louise Rogers
Assistant Director, Risk Management and Developmen
1380 Howard Street, 5th Floor
San Francisco, CA 94103
(415) 255-3416

MEMORANDUM

To: Helynna Brooke
Executive Director
Mental Health Board

From: Louise Rogers
Assistant Director

Re: 2nd Draft SAMHSA grant for distribution to the MHB

Date: May 21, 2001

Attached is a revised draft of the SAMHSA renewal application for FY 2001-2002 for distribution to the members of the Mental Health Board. The minor change in this draft is the removal of a utilization review nurse from the grant and the addition of a physician who will perform medication linkage services for individuals recently discharged from the hospital. We made this change in order to maximize revenue for the utilization review nurse activities which are MediCal billable but would not have been had we left them in the SAMHSA grant. The changed sections are in bold print on pages 1,2,7, and 10 of the narrative.

We still would like to calendar this item for discussion at the meeting on June 13th after the Board members have had a chance to review the application. At that time we will ask the MHB for a letter of support.

7. PROGRAM NARRATIVE

a) Statement of Purpose

San Francisco's Department of Public Health, Community Mental Health Services (CMHS) submits this renewal application to the Substance Abuse and Mental Health Services Administration for Fiscal Year 01-02 funds in the amount of $1,939,394, **in addition to carry forward from FY 00-01 of $243,130, for a total of $2,182,524.**

CMHS operates the San Francisco Mental Health Plan in order to provide eligible residents of San Francisco with access to a high quality, effective, cost-efficient system of mental health care that is community based, culturally competent, and consumer-guided. The San Francisco Mental Health Plan's goal is to promote recovery, positive functional outcomes, and reduction in the symptoms of mental illness for consumers. This includes reduction of substance abuse as well, recognizing that significant numbers of mentally ill consumers are dually diagnosed. The Mental Health Plan's ability to work towards these goals depends on a complex set of partnerships with the many other departments and agencies that serve the same population. These include health, substance abuse, social services, courts, jails, police, schools, homeless shelters, nonprofit and other government agencies. The Plan's performance in meeting its goals is measured by statewide outcome measures of consumer progress in treatment as well as consumer satisfaction.

The SAMHSA Federal Block Grant funds support the Mental Health Plan's ability to provide timely access to appropriate care for severely mentally ill and dually diagnosed adults and older adults and seriously emotionally disturbed children and youth. The Plan is particularly focused on expanding access to community care and diverting people from institutional care whenever possible. The SAMHSA funds also enable the Mental Health Plan to provide mental health education and outreach. These activities promote early identification of problems and encourage people to seek help when they need it.

There are no new program areas funded through this request, which seeks to continue funding for the following areas:

- **Adult and Older Adult System of Care**
  1) Central Access: The central team that screens and refers callers to appropriate treatment from the Mental Health Plan's access phone line.
  2) Crisis Case Management: A crisis case manager who is assigned to provide immediate support to individual clients discharged from institutional care who have not yet linked with ongoing mental health treatment and are at-risk of re-hospitalization.
  3) **Medical Linkage: A physician from the Mobile Crisis Team who through outreach to clients recently discharged from the hospital assures that they have immediate access to the medications they need.**
  4) Long-term Care Linkage: A nurse who provides assessments of hospitalized clients for whom long term care has been requested in order to effect a shorter waiting time for clients in the hospital.
  5) Inpatient Linkage: **A nurse who evaluates hospitalized clients** to determine their readiness for discharge to a lower level of care in order to effect a shorter waiting time.
  6) Utilization Management: Staff who create utilization management efficiencies that will assure the Mental Health Plan authorizes client treatment quickly and efficiently and pays providers quickly and efficiently for services that have been delivered.

- **Children's System of Care support focused on Filipino families and sexually abused children and youth.**

- **Consumer participation and community outreach through mental health education and consumer advocacy and assistance offered by the Office of Cultural Competence and Consumer Relations.**
- **Family Mosaic Project wrap-around services for seriously emotionally disturbed children and adolescents.**

b) Client Outcome Objectives

Proposed FY 01-02 Objectives:

1) Access: In order to improve access to mental health services, the Access Team proposes to reduce the abandoned call rate, from 9% to 7% by June 30, 2002. This will be measured using the BCMHS View software that tracks incoming phone calls from clients.

2) Access: The Access Team eligibility workers will link 148 additional clients to Medi-Cal entitlements, in addition to the baseline of 152 clients, for a total of 300 clients linked to entitlements, by June 30, 2002. This will be measured using data that will be tracked in a database for this purpose.

3) Crisis Case Management: The 24 Hour Authorization Team will assign a crisis case manager to clients discharged from the hospital who need crisis case management and are not connected to the adult community system of care. Objective: The Crisis Case Manager will link a minimum of 30 clients by June 30, 2002. This will be measured using data from the Mental Health information system.

4) **Medical Linkage: The Mobile Crisis physician assigned to the Medication Linkage Service will provide medication support services to at least 150 clients by June 30, 2002, in order to assure clients have access to medications during the transition between hospital and community care. This will be measured using data from the Mental Health information system.**

5) Long Term Care Linkage: The objective is for the utilization review nurse to assess 250 hospitalized clients for whom long term care has been requested by June 30, 2002. This is in order to effect a shorter waiting time for clients on administrative days in the hospital. This will be measured using the Mental Health authorization tracking system, Ecura, and the Long Term Care database.

6) Inpatient Linkage: **The inpatient utilization review nurse will evaluate at least 1,200 clients** admitted to the hospital by June 30, 2002, to determine their readiness for discharge to a lower level of care. This is in order to effect a shorter waiting time for clients on administrative days in the hospital. This will be measured using the Mental Health authorization tracking system, Ecura.

7) Utilization Management:
The FY 01-02 goal is to achieve greater efficiencies in the utilization management process by reducing the amount of time it takes to process authorization requests. The objective is for no more than 5 working days to elapse from the time of receipt to completion of processing by 1.5 FTE data entry clerks. This will be measured using weekly productivity statistics of quantity of authorizations received, quantity processed, and average time elapsed from receipt to completion.

8) Augmentation of Children's System of Care: The West Bay Filipino Multi-Service Center Family Strengthening Program will perform outreach to at least 60 unduplicated clients and link them to appropriate services by June 30, 2002. This will be measured by the provider's reports back to the mental health program monitor based on the provider's own tracking.

9) By June 30, 2002, the mental health educator working for the Office of Cultural Competence and Consumer Relations will have conducted 3 depression and suicide education outreach and screenings for 50 participants, targeting adult, and older adult populations. This will be measured by the Office of Cultural Competence and Consumer Relations through its own activity log.

10) By June 30, 2002, the mental health educator working for the Office of Cultural Competence and Consumer Relations will have coordinated 3 cultural competency trainings for 500 participants. This will be measured by the Office of Cultural Competence and Consumer Relations through its own activity log.

11) By June 30, 2002, the analyst working for the Office of Cultural Competence and Consumer Relations will have developed a brochure for consumers/family members in our threshold languages (currently Spanish, Vietnamese, and Cantonese).

12) By June 30, 2002, the analyst working for the Office of Cultural Competence and Consumer Relations will have written protocols for the Office of Cultural Competence and Consumer Relations that addresses how to obtain translation services and interpreters for programs serving mentally ill clients.

Family Mosaic related FY 01-02 objectives:

13) The objective is to increase parent/care giver and youth participation in the Family Mosaic Advisory Board and Support Group meetings by 25% by June 30, 2002. This will be measured using the attendance roster of the meetings.

14) The objective is to decrease psychiatric hospitalizations of children and youth enrolled in Family Mosaic with a history of prior hospitalizations by 50% by June 30, 2002. This will be measured using the Mental Health information system hospital utilization data.

15) The objective is to decrease arrest rates of Family Mosaic enrolled children and youth by 50% by June 30, 2002, compared to their pre-enrollment involvement. This will be measured as part of the Family Mosaic's annual evaluation and outcomes reporting.

16) The objective is to achieve a 70% client satisfaction rate in FY 01-02. This will be measured using the client satisfaction tool that is administered annually.

Status of FY 00-01 Objectives:

1) Access: The Access Team had an objective to decrease the abandoned call rate during the peak calling hours between 1400 and 1600. The rate of call abandonment had reached 13% during the hours of 1400 and 1600. The Access Team has been able to decrease this to 9% as of 4/01/01, and expects to make further improvements with the coverage from the additional social worker proposed for FY 01-02.

2) Access: The Access Team had an objective to identify a minimum of 50 clients without benefits and arrange for applications for entitlements for them. As of 4/1/01, the Access

Team had linked 152 clients to Medi-Cal entitlements, and had arranged for renewal applications for 242 others. This was through a focused effort involving not only follow-up on calls to the Access phone line but outreach to clients in community mental health clinics.

3) Crisis Case Management: The 24 Hour Authorization Team Crisis Case Managers had an objective to link a minimum of 40 individuals in FY 00-01 to crisis case management services and as of 4/1/01, they had succeeded in linking 49.

4) Medical Linkage: The proposed objective was for the physician from the Mobile Crisis Team to serve at least 40 clients during the 7 month period between December, 2000, and July, 2001, so that clients recently discharged from the hospital have immediate access to the medications they need. The Mobile Crisis Team has not been able to hire the new physician yet, but they have developed the protocol for the Medication Linkage Service and offered the service to 66 clients in CY '00 using existing resources.

5) Long Term Care Linkage: The objective was for the utilization review nurse to provide at least 40 assessments of hospitalized individuals for whom long term care has been requested. The nurse was able to provide 198 assessments as of 4/1/01. This led to shortened waiting time in the hospital while on administrative days.

6) Care Coordination: The objective was to improve coordination of care through utilization management system enhancements including extending the computer network to 4 of the clinics and assuring data entry of authorizations occurred in a timely manner. The extension of the network to the 4 new clinics that was funded using one-time dollars is still being implemented, but efficiencies were effected through the work of the data entry clerk. The clerk achieved a 66% decrease in the amount of processing time for authorization requests from the time of receipt, from 14 days to 9, despite an increase in the number of authorization requests submitted.

7) Augmentation in Children's System of Care: The objective was to increase clinician time for Filipino families and sexually abused children. This objective was met by adding two .5 FTE to the Child and Adolescent Sexual Abuse Resource Center (CASARC) to assure adequate clinical staffing for assessment and treatment and 1.3 FTE health educator/outreach worker at the West Bay Filipino Multi-Service Center.

8) Status of FY 00-01 Objectives to Increase Consumer Participation and Outreach through activities of the Office of Cultural Competence and Consumer Relations:
    a. The objective was to coordinate a continuing education project of 45 hours of continuing education credits for residential care administrators serving mentally ill adult and elderly clients. This objective was met through the provision of 59 continuing education hours on a variety of topics including HIV/AIDs; Learning about Bipolar Disorder, Schizophrenia, and Obsessive-Compulsive Disorder; Smoking Cessation; Medication; Dual Diagnosis; Harm Reduction; Managing Assaultive Behavior; and other topics.
    b. The objective was to coordinate National Depression Day Screening Programs at 4 non-mental health and primary care sites. This objective was partially met. The mental health educator worked with the Mental Health Association to develop the program held at one site including provision of staff and materials translated in Chinese, English, Russian, Tagalog, and Spanish. The mental health educator and the Mental Health Association also collaborated on a grant application that was awarded for Suicide and Depression outreach and trainings to be held in 2001.

c. The objective was to establish and develop a Consumer and Family Council and to outreach to a minimum of 15 consumer and family groups in that process. This objective was met with the establishment of the Consumer Council that was convened in September of 2000 and meets monthly.

d. The objective was to conduct outreach and information sessions about the Mental Health Plan to a minimum of 20 groups representing hard to reach populations. This objective was met through several different activities: presentation to 30 providers serving different refugee populations: participation in the Latino Behavioral Health Week of outreach. health screenings, and education workshops; and presentation to community based programs of Famidos Unidas Saben, an outreach video education tool.

e. The objective was to conduct and coordinate depression and suicide intervention training for at least 4 high risk groups, including sexual minority youth and the elderly. This objective was met through 2 different trainings with 35 participants in addition to outreach at the Latino Behavioral Health Week that reached 150 participants.

f. The objective was to coordinate 3 training programs on cultural competence issues in mental health for a minimum of 400 providers. This objective was met through the provision of the following trainings: Changing Faces of Asian Americans; Latino Mental Health Conference; and African American Mental Health Conference Part IV; which between them trained 710 participants.

9) Status of FY 00-01 Objectives for the Family Mosaic Project

a. The objective was to increase participation in the Family Mosaic Advisory Board including parent involvement in decision making and the development of peer support groups. The membership of the Advisory Board is comprised predominately of parents/caregivers of current and former FMP clients. This objective has already been met in FY 00-01, in the following ways: 1) The Advisory Board helped develop graduation criteria for FMP clients. This has enhanced the transition of FMP families to lower levels of care with the appropriate linkage to community resources. 2)The Advisory Board helped develop parent/caregiver and youth support groups. The parent/caregiver support meeting is co-chaired by a Family Involvement Team Leader and the Executive Director of Family Mosaic one time every month. The youth support group meets twice a month to provide a forum for youth to speak out on issues and provide input into policies and practices affecting care. Membership and participation in both groups have increased this year.

b. The objective was to decrease psychiatric hospitalization and length of stay by 50% for Family Mosaic enrolled children and youth with histories of hospitalization. The results are not available yet for FY 00-01. There was a decrease in hospitalizations between '98 and '99, as a result of the therapeutic and wraparound services provided by Family Mosaic. Among Family Mosaic enrollees, there were 55% percent fewer inpatient hospitalizations from 1998 to 1999 (CMHS Focus Study on Inpatient Hospital Discharges for the Child. Youth and Family Section. Damon and Reiser). During the same period there was a 44% decrease in the total number of acute hospitalization for Family Mosaic enrollees. However, Family Mosaic enrollees length of stay in acute hospitals was slightly higher than the county cohort. This was mainly due to the difficulty of finding appropriate community resources to place specific subgroups.

c. The objective was to decrease arrest rates by 10% in FY 00-01 for Family Mosaic enrolled children and youth with histories of detention. This objective is already met in FY 00-01. The Family Mosaic's intensive care management wraparound model has

proven effective at reducing arrest rates among youthful offenders. A recent CMHS outcome study (Sherwood, Dec., 2000) of juvenile recidivism among Family Mosaic enrollees with sustained felony or misdemeanor charges in the year following discharge (N=181/28%), showed an 88% decrease in the average number of crimes per youth from pre- to post-program.

c) Program Description

On-going Program Components

1) Access Team FY 01-02

The San Francisco Mental Health Plan has a uniform system of access to services that includes numerous walk-in sites through-out the City in addition to an Access Team that responds to a central toll-free phone line. The SAMHSA funds provide substantial support for the central Access Team Function. The Access Team responds to the central phone line requests for mental health services, across all age groups, for all members and referring agencies. They link individuals to appropriate care in both mental health clinics and the private practitioner network and have the capacity to respond to emergency and crisis calls on a 24 hour a day, seven day a week basis. The Access Team receives between 90 and 100 calls a week and provides the following services:

- Information and referral to appropriate agencies: social services, entitlements, housing, physical health, and substance abuse treatments. The Mental Health Plan tracks all initial contacts to the access system whether they are service requests or requests for information.
- Membership screening and eligibility determination including establishing residency, entitlements, and third-party payer coverage. In some instances eligibility determination may need to be completed in the face to face assessment if the person is unable or unwilling to provide the information on the phone.
- Clinical screening for medical necessity: to determine if a member requires mental health services using the State required medical necessity criteria. If the clinical screening determines that mental health services are not appropriate, a referral to other appropriate services will be made. When authorizing services for members, the Access Team takes into account not only the level of functioning and medical necessity, but also the needs of special populations. In-home assessments are available to seniors, school-based services for children, and outreach to shelters for the homeless population.
- Identification, referral and linkage to appropriate treatment based on language, cultural variables, age specialization, and geographic location, modalities of treatment and client preference.

Access Team objectives proposed for FY 01-02 are described in the earlier section of this application. The major goals continue to be reducing the rate of abandoned calls to the central phone line so that more people receive access to mental health services and linking more people to entitlements that will help pay for the mental health services they need.

The SAMHSA budget for FY 01-02 includes the following Access Team components:

- (1)-1426 Senior Clerk Typist and 1.5 1424 Clerk Typist that provide data entry and clerical support for the Access Team.
- (3)-2910 Social Workers that respond to phone inquiries and triage, refer, coordinate care, screen for eligibility, and enter client data.

- (4)-2930/31 Psychiatric Social Workers/Marriage, Family and Child Counselors to do the above and also resolve complex clinical coordination issues and authorize treatment. Two of these are new in FY 01-02.
- (1)-2932 Senior Psychiatric Social Worker to provide clinical supervision and manage complex authorization requests.

2) Crisis Case Management FY 01-02
The crisis case manager ((1) 2931 Marriage, Family and Child Counselor) comprising this component of the SAMHSA grant support the system of care coordination for the Mental Health Plan's most vulnerable clients—those recently discharged from inpatient care. A significant percentage (40%) of hospitalized individuals is not already enrolled in a community mental health program upon discharge though they have been referred to community treatment. The crisis case manager funded by SAMHSA is assigned by the 24 Hour Authorization Team to clients who might not link to ongoing community treatment without the immediate support of a crisis case manager. The crisis case manager has a caseload of no more than 8-10 clients to allow for intensive work, up to 10 hours a week of service with a single client. The crisis case manager provides:

   - 30-90 day intensive case management including hands-on field based support and linkage to appropriate services, i.e. emergency housing, medication management, residential placement.
   - Immediate emergency resources using flexible funds i.e. housing, food.
   - Eligibility screening and linkage to benefits such as SSI, Medi-Cal, General Assistance, Shelter Plus Care.
   - Case conferences as needed with practitioners and family members.
   - Assessment of needs and functioning in the client's environment, clinical evaluation.
   - Development and implementation of client specific system-wide plans to encourage diversion from hospitalization.
   - Linkage to services across public systems including medical, welfare and education.

   The FY 01-02 SAMHSA budget incorporates $50,000 in one-time funds for medical service contracts that will be carried forward from FY 00-01 to be used to purchase items to resolve one-time needs such as food and temporary shelter in an effort to prevent client decompensation and hospitalization (flexible funding). (The purpose of this budget item remains the same in FY 01-02 as it was in FY 00-01.)

3) **Medical Linkage FY 01-02:**
The FY 01-02 SAMHSA budget incorporates (1) 2232 Senior Physician Specialist to provide medication support services through the Mobile Crisis Team. The focus of this effort is to assure that clients recently discharged from the hospital do not go without medications they need while they are in transition between the hospital and their first outpatient service.

4) Long Term Care Linkage FY 01-02:
The FY 01-02 SAMHSA budget incorporates (.5) FTE 2320 Registered Nurse to provide assessments of hospitalized individuals for whom long term care has been requested. This should shorten the waiting time for clients in the hospital on administrative days. The budget also incorporates (1) 1820 Jr. Administrative Analyst to support the reporting, tracking, and analysis functions for the long term care service.

5) Inpatient Linkage FY 01-02:
The FY 01-02 SAMHSA budget incorporates **(1) 2320 Registered Nurse who evaluates** clients admitted to the hospital to determine their readiness for discharge to a lower level of

care. This is in order to effect a shorter waiting time for clients on administrative days in the hospital.

6) Utilization Management FY 01-02:
The focus of this initiative is utilization management efficiencies that will assure the Mental Health Plan authorizes client treatment quickly and efficiently and pays providers for services quickly and efficiently. The FY 01-02 SAMHSA budget incorporates (1) 1424 Clerk Typist and $24,000 in medical services contracts for a (.5) date entry clerk. The function of these individuals is to assure timely entry of authorization requests for client services. In addition, the budget incorporates (1) 1822 Analyst. The function of this Analyst is to assure providers are paid as quickly and efficiently as possible for services as provided, and that productivity problems are identified as quickly as possible. The Analyst will help the Mental Health Plan determine whether or not funds can be re-allocated to other services in order to maximize the amount of treatment available to clients.

7) Children's System of Care FY 01-02:
The SAMHSA budget continues to augment the clinical support for certain vulnerable populations served in the children's system of care. The SAMHSA budget for FY 01-02 continues to support two half-time registered nurses (1FTE) at the Child, Adolescent, Sexual Abuse Resource Center (CASARC) located at San Francisco General Hospital to meet the needs for assessment and treatment of sexually abused children and adolescents. This unique resource involves collaboration with the District Attorney's Office and Child Welfare. The SAMHSA budget for FY 01-02 also supports $60,000 in a medical services contract with the West Bay Filipino Multi-Service Center for outreach, mental health education, and linkage to mental health services for Filipino families through their Family Strengthening Program.

8) Consumer Participation and Community Outreach FY 01-02:
The SAMHSA budget for FY 01-02 continues to support some of the activities of the Office of Cultural Competence and Consumer Affairs, through which the Mental Health Plan aims to increase consumer participation and community outreach. These activities take place within the framework of the CMHS Cultural Competence Plan, an essential strategy for increasing access in a community as diverse as San Francisco. The activities of the Office of Cultural Competence and Consumer Relations also reflect the Plan's commitment to consumer guided services and the goal of consumer recovery. The budget incorporates 1 Analyst and 1 Mental Health Educator. The Analyst functions under the direction of the Director of the Office of Cultural Competence and Consumer Relations and helps to implement cultural competence and consumer and community outreach initiatives. In FY 01-02 this individual will seek funding for peer support programs for limited English speaking clients; develop brochures in threshold languages; develop written protocols for how to obtain interpreters and translation services; and collaborate with community organizations to organize cultural competence training. The Mental Health Educator will provide training aimed at residential care providers, coordinate cultural competency trainings, develop a depression and suicide brochure in Chinese; conduct suicide and depression outreach and screenings; and coordinate public service announcements related to depression and suicide. Both individuals are critical to the Mental Health Plan's effort to communicate information about the Plan to consumers, families, and community members.

The SAMHSA budget for FY 01-02 also incorporates $30,000 in one-time funds in medical services contracts that is carried forward from FY 00-01. This is for consultation and training specific to dual diagnosis, transitional youth, and older adults. (This is the same purpose that had been designated for these funds in FY 00-01.)

9) Family Mosaic Project FY 01-02:

The Family Mosaic Project uses an interdisciplinary, interagency approach to providing intensive care management and wrap-around services for almost 200 seriously emotionally disturbed children and youth enrolled in the program. The family advocate care managers are responsible for coordinating, monitoring, and implementing individualized care plans for each enrollee. These care plans incorporate the wrap-around concept in the broad scope of services that may be provided, such as respite care, tutors, mentors, anger management, transportation, and family preservation. The Family Mosaic Advisory Board gives parents, youth, and providers a formal mechanism for input into policies and procedures.

The SAMSHA budget for FY 01-02 continues to augment the Family Mosaic Project to provide transportation, administrative support, community outreach, data analysis, and foster care planning support. These dollars are subcontracted to Instituto Familiar de la Raza and Bayview Hunters Point Foundation and include the 4.7 positions listed on the Family Mosaic Budget detail page.

d) Target Population

The SAMHSA Federal Block Grant funds are used to improve the San Francisco Mental Health Plan's system of care for a diverse population of seriously emotionally disturbed children and youth and seriously mentally ill (including dually diagnosed) adults and older adults. The population includes San Francisco Medi-Cal beneficiaries as well as uninsured residents who must use safety net services. In FY 99-00, the largest groups were White (35%), African American (23%), Latino/Hispanic (13%), Chinese (9%), Filipino (3%) and Vietnamese (2%). The Family Mosaic Program has a specific target population of children and youth between the ages of 3 and 18 with serious emotional disturbance and risk of out-of-home placement as a result.

e) Staffing

Category	Staff Title	SAMHSA Funded	Other Funding	Total FTE
Access Team	1424 Clerk	1.5	0	1.5
Access Team	1426 Sr. Clerk	1	0	1
Access Team	2910 Social Wkr	3	0	3
Access Team	2930/31 MFCC/Psych. Soc. Wkr	4	1	5
Access Team	2932 Sr. LCSW	1	0	1
Access Team	Assistant Director	0	1	1
Access Team	Elig. Wkr.	0	3	3
Crisis Case Mgmt	2930/31 MFCC/Psych. Soc. Wkr	1	1	2
Medical Linkage	2232 Sr. Physician	1	1.475	2.475
LTC Linkage	1820 Jr. Analyst	1	0	1
LTC Linkage	2320 Reg.Nurse	.5	.5	1
Inpatient Linkage	2320 Reg.Nurse	1	1	2
Care Coordination	1424 Clerk Typist/contract clerk	1.5	0	1.5
Care Coordination	1822 Analyst	1	0	1
Children's SOC	2320 Reg.Nurse	1	0	1
Children's SOC	Contract Hlth Educator/Outreach	1.32	0	1.32
Cons. Partic and Comm. Outreach	1822 Analyst	1	0	1
Cons. Partic and	2822 Mental Hlth.Educator	1	0	1

Comm. Outreach				
Family Mosaic	Contract Planner	.5	0	.5
Family Mosaic	Contract Clerk/Admin Aide	1.2	0	1.2
Family Mosaic	Contract Data Manager	.5	0	.5
Family Mosaic	Contract Accountant	1	0	1
Family Mosaic	Contract Outreach Specialist	1.5	0	1.5

f) **Cultural Competency**
Given the cultural and ethnic diversity of San Francisco, the Mental Health Plan must ensure access to services in a manner that is community based, culturally competent and consumer driven. Services must be accessible to the disabled. CMHS recognizes that cultural competency is a dynamic and developmental process that must be incorporated at all levels of the system, including policy and administration, human resource development and training, planning and delivery of services and evaluation. The Director of Cultural Competence and Consumer Relations sits on the CMHS Executive team to provide system leadership in this regard. Critical components for the development and implementation of the changing system include regular assessments of the ethnicity and language of the populations served; organizational assessments of the cultural competency of providers; and a Cultural Competence Plan that outlines critical standards, indicators, and specific measures.

The Office of Cultural Competence and Consumer Relations continues to lead specific initiatives to improve the cultural competency of the Mental Health Plan. The Office assures that Mental Health Plan materials are available in threshold languages (currently Vietnamese, Spanish, and Cantonese); assists in identifying interpreter and translation resources; and works with providers through focused training efforts to expand access to the diverse population served. All programming and training emphasizes multicultural diversity. There is a student stipend program aimed to encourage long term diversification of the labor pool available for clinical positions. There is an African American and Gay sensitive waiver program to ensure the appropriate competencies for staff hired to work with those populations. Language waivers are in place for Spanish, Cantonese, Cambodian, Vietnamese, Italian, Russian and Tagalog, to encourage hiring of staff who speak these languages.

g) **Designated Peer Review Representative:** Steve Seidman, Ph.D., Access Team Director.

h) **Implementation Plan:** The SAMHSA funded program is fully implemented except for one-time items in medical services contracts from FY 00-01 that will be carried over to FY 01-02 for the same purposes: $30,000 for transitional youth, dual diagnosis, and older adult training and consultation and $50,000 for client flexible funds.

i) **Program Evaluation Plan:** The Mental Health Plan's Quality Management section conducts an annual program review of each provider that documents its status in meeting performance objectives and other Mental Health Plan requirements. The Mental Health Plan has a Quality Management Plan that incorporates a Quality Improvement Committee structure for ongoing monitoring of the Plan's progress in meeting objectives and improving its processes and outcomes for clients. Specific quality improvement projects target priority areas. For example, the Quality Management Work Plan for FY 99-00 contained objectives, methodology, and evaluation sections for projects related to Access. The results of these projects allowed the Mental Health Plan to target areas for improvement. Several of these relate to the SAMHSA proposal objectives. For example, one of the issues was call abandonment—the related objective is to reduce the call abandonment rate at the Access Team. **Another issue was timely access to medication support services—the related objective is to assure that clients have the medications they need during the interim between**

discharge from the hospital and community outpatient care by providing psychiatric medication support services at the Mobile Crisis Team.

SAN FRANCISCO MENTAL HEALTH BOARD

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MENTAL HEALTH BOARD
ATTACHMENT D
June 13, 2001

PROPOSED RESOLUTION:
HONORING DICK & BARBARA PHILLIPS

BE IT RESOLVED, that the Mental Health Board presents the following award:

The Mental Health Board of San Francisco
proudly presents our
Making-It-Possible Award
to
Dick and Barbara Phillips

For offering a home to HIRE-ABILITY, a pioneering program
that counties throughout California will copy.
For helping to give people with mental illness a chance at success.
For being the sweetest, most supportive landlords anyone could ever ask for.
Without you, it would not have been possible!

SAN FRANCISCO MENTAL HEALTH BOARD

SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO

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UNADOPTED MINUTES
Mental Health Board
Wednesday, June 13, 2001
1380 Howard Street, Room 537
San Francisco, CA 94103
6:30 p.m.

BOARD MEMBERS PRESENT: Jim Beauford, Ph.D. (Chair); Tim Agar; Bridgett Brown; Peggy Gilleran, J.D.; Alex Kitzes, Ph.D.; Andrea Leung, L.C.S.W., A.C.S.W.; Mickey Shipley; Ted Stinson; Lora Traveler; Chet Villalba; Kate Walker; Dennis Yun.

BOARD MEMBERS ON LEAVE: April Martin Chartrand; Pat Harrison

BOARD MEMBERS ABSENT: none.

OTHERS PRESENT: Jo Ruffin (CMHS Director); John Dorsey (CMHS Consumer Relations); Dale Milfay (Family Member); Emeric Kalman (Family Member); Helynna Brooke (MHB Executive Director); Rich Snowdon (MHB Administrator)

1.0 CALL TO ORDER AND CONSENT CALENDAR

The meeting was called to order at 6:40 p.m. by Mr. Villalba, Vice Chair.

RESOLUTION (MHB-2001-18): Be it resolved that the minutes of the Mental Health Board meeting of May 9, 2001, be approved as submitted. (Passed unanimously.)

RESOLUTION (MHB-2001-19): Be it resolved that the Mental Health Board grants leaves of absence for the meeting of June 13, 2001, to the following members: April Martin Chartrand, Pat Harrison. (Passed unanimously.)

SAMHSA GRANT (taken out of order)

Louise Rogers, CMHS Managed Care Planner, presented an overview of the grant. Various questions were asked by Board members.

RESOLUTION (MHB-2001-20)
Be it resolved that the Mental Health Board send a letter to Jo Ruffin, Director, Community Mental Health Services, stating that the Board has reviewed the federal SAMHSA (Substance Abuse and Mental Health Services Administration) renewal application for fiscal year 2001/02 funds in the amount of $1,939,394, with

$243,130 carried forward from fiscal year 2000/01, for a total of $2,182,524 and that the Board gives its full approval and support to this grant. (Passed unanimously.)

2.0 MENTAL HEALTH BOARD COMMITTEES

Program and Services

Mr. Shipley: One of the main things the Program and Services Committee does is to look at the different programs in our system and make sure that the services are culturally-competent and are the best that we can offer. After we study this, we come back with recommendations to the full Board for resolutions and actions. We have also studied, for the last couple years, the legislation going through Sacramento around mental health.

One key piece of legislation is LPS reform. Three years ago it was introduced by Helen Thomson, and was designed to change criteria for involuntary commitment. It was re-introduced last year as AB 1800. Many statewide mental health organizations, such as the California Mental Health Directors Association, the California Mental Health Planning Council, and the California Association of Local Mental Health Boards/Commissions, had concerns about it. When it came up for final vote it was tabled and turned into a research commission by Senator Burton. So the bill did not get out of the State Senate.

This year it was introduced again as AB 1421. This time it is proposing that statutes be added to the LPS law about involuntary commitment. The Program and Services Committee is studying this legislation and following it in the legislature, along with other bills.

We are also looking at the program review process, and are adding things to our protocol. We're proposing to reduce it from an 8.5 x 11 handout into a small booklet that each member of the MHB can take with them on a review and be able to refer to like Cliff notes on program reviews. That's coming along very nicely. Hopefully we can set a precedent for other MHB's on best practices for program reviews.

Ms. Traveler: I have been on the Program and Services Committee ever since I came on the Board, because of my experiences with my sister. I have been able to understand how important this LPS reform issue is. When you actually visit one of the centers and talk with the clients and the staff, that's when you begin to understand how important your advocacy is. I know this has been so wonderful for me, and I want to make a pitch for others of you to join the Committee and understand how important the legislation is. We were thinking that this would be the year for mental health legislation, but now we have the energy crisis hitting us. But we want to make sure that that crisis does not stop mental health legislation. We want to still go on advocating for the legislation that is so important.

Ms. Gilleran: My apologies to the other committees, but I do think Program and Services is the hot place. The way we oversee programs is done both formally and informally. We field all sorts of problems. In the last couple years we've focused on criminal justice issues. It's a very happening committee and it needs more people to keep it a happening committee.

Cultural Competency and Special Populations
Ms. Leung: I have to confess, since March there has been no meeting, due to many reasons, including illness. I'd like to ask the past chair, Tim, to talk about the mission of the committee.

Mr. Agar: The Mission of the Committee, (and I think *this* is the hot committee), is to focus on the needs of special groups, including: seniors; people who are gay, bi, or transgender; transition-age youth; African Americans, Asians, and Latinos; and different language groups. It's a very big area that takes a lot of things in. Historically what we've done is to alternate between site visits and then meeting back here at 1380 Howard to process the visit. Our goal was to have liaisons from our committee to these agencies that we visit and maintain communication lines. The committee meets on the first Wednesday of the month at 6:30 p.m. I encourage new members to check out the meetings and see where your interests may lie.

Ms. Leung: Tim and the rest of the members have worked hard on the homeless issue, and I would like to see us continue that. Another thing I personally would like to work on is the immigration issue on the legislative level. San Francisco is more than a melting pot and often requires bilingual/bicultural individuals to provide services. Our system is lacking bilingual and bicultural staff, which means the services are not as accessible as we want them to be in order to meet the needs of the clients. I invite you to come to a meeting to see if it's an area of interest for you, and I invite your input.

Mr. Villalba: Bilingual and bicultural staffing is a priority, and I hope the committee will look at finding ways and means to entice minorities to come into this field. There aren't enough minority students graduating from psychology or social work. I think we need to get the message out that this is a hard field, but a wonderful field.

Ms. Leung: I'm also the co-chair of the Asian American Mental Health Task Force. And we are concerned that there are so few Asian students in mental health at San Francisco State University. We are planning to run a campaign to encourage minority students to come into this field.

Children's Committee
Dr. Beauford: I would speak to everyone's passion. The Children's Committee as the name implies, focuses on children and adolescents, and that's certainly been my passion. Our focus has been everything from inpatient services, to violence, and in the past couple years, we've put most of our energy into special education and mental health services as they relate to special education and the schools. We have been working on building contacts and doing networking to establish linkages with SFUSD Special Education, so if parents brought us issues or if we generated issues, we could directly contact someone at a higher level who could provide us answers.

This year's focus is again with special education. This year we are trying to have a couple meetings with Arlene Ackerman and the Special Education Section. We also want to connect with a couple of the partner agencies and help empower them. What we have heard from parents is that everyone feels kind of disenfranchised, and services are fragmented. There are good services, but there is a lot of disconnection. We'd like to help establish communication. Even though we hear a lot of negativity about special education, there are also a lot of wonderful people working in that area.

We also want to help educate parents about services and help them with access to services. I often hear from parents that they have gone to the schools and haven't been able to get help. And the parents don't know how to access services. We want to put all the information together, as much information as we have. This would help parents feel more empowered.

We'd also like to look at more demographic information about the budget for the school programs and how many services are in the schools. Is there any training involved? Parents sometimes say that the teachers are inexperienced and need training. We want to look at the methods the school district is or isn't using to educate their teachers.

These are the kinds of questions that have come to us which we are working on. The integration of special education and mental health is our focus. We meet the 3rd Wednesday of each month from 11 to noon.

I think whatever committee you join, you'll have a great experience, because the committee chairs are great and the missions are important. Even though we only have these three committees, there is opportunity to propose other committees that may be of benefit to our clients. There's always room for ideas.

Ms. Traveler: You would think the non-connection between mental health and special education would have been solved by now. But I've worked in education for 37 years and it remains difficult. Yet it is a key element. This is still a very deep and difficult area in our public school systems.

Ms. Ruffin: This service delivery system of mental health we've been talking about fits very well into your committee structure. Your Program and Services Committee covers adult programs, as your Children's Committee covers issues of children, youth, and their families. Cultural Competency is an overriding principle for our whole system. And the corresponding CMHS section is our office of Cultural Competency and Consumer Relations.

Our CMHS staff are available to you at any time that you want them to come in around special questions or for an overview of what the Department is doing. I'd encourage you to do it sometime during the year. Part of your mandate is to be advisory to me on mental health services, and I'd like to be sure that I and my staff get your feedback.

We have a paid internship program by which we try to recruit people into our system. This year we're doing a special internship for high school students to help interest them in this profession.

However we can support you in your committee work, please let me know.

Liaisons
Ms. Gilleran: What is the current status of liaison assignments? In past years there seemed to be a more structured process of liaisons whereby a members of our Board would be sitting on various CMHS Committees. I'm just raising the question. I know there is the manpower shortage in that there are not enough of us to do everything.

Ms. Ruffin: Mickey is your liaison to the Quality Policy Committee. Helynna: April Martin Chartrand is liaison to the CMHS Committee on Culturally Competent Systems of Care. Dr. Beauford: Unofficially, we meet regularly with Sai-Ling when she sits in on our Children's Committee. Ms. Gilleran: Sometimes very meaningful experiences come when Board members can be part of the process of forming a service and having input into its develop. And if you have an interest, let CMHS know. Ms. Ruffin: In various planning processes, we involve consumers, family members, and members of the Board.

3.0 DIRECTORS REPORTS

3.1 Report of the Director of Community Mental Health Services
Ms. Ruffin reported as follows:

Budget. Dr. Katz reported that the Mayor's Budget for FY01-02 was transmitted to the Board of Supervisors on May 31, 2001. Next year's Department of Public Health Budget is proposed at $970.2 million, an increase of $77.4 million over the current year revised budget of $892.8 million. Please note that $25 million of this increase is attributed to the increase for next year's portion of the Laguna Honda Replacement project, funded from Tobacco Settlement Funds. The proposed budget includes funding to begin implementation of several very important Health Commission priorities.

What's not in this budget is COLA's for contractors. We requested 3%, but the Mayor's Office turned that request down. It may be addressed by the Board of Supervisors.

California Mental Health Advocates For Children and Youth. (CMHACY). At the 21st Annual CMHACY conference held at Asilomar on June 5- 8, the Family Involvment Team of the CYF Section of Community Mental Health Services was honored for their innovation in engaging children, youth and families in the design and implementation of the children's system of care for the City and County of San Francisco. The program was recommended for the award by the Board of Directors of CMHACY, and is one of only four awards given out annually by this statewide organization of children and youth advocates.

Life Endangerment Affects Families (LEAF). The LEAF Project is a pilot project developed by the Family Involvement Team to bring together an inter-disciplinary, inter-agency team to address children, youth and families being affected by violence in the Southeast community. An initial community meeting was held on April 18 at the Southeast Community Facilities. Subsequently, biweekly meetings have been held, and on May 30th, the Project met with the first family referred to the project—a family who has been deeply affected by the recent death of a young family member. The team facilitated the development of an inter-departmental follow up plan with the family.

Children, Youth and Families Training. The CYF section of CMHS held a training on June 8, 2001 to highlight the "Role of the Mental Health Professional and the Dependency Court." The training was conducted by a panel attorneys and city attorneys. The training resulted from over 6 months of planning by CMHS, the Office of the City Attorney, and the Minor Attorneys Group. It is part of an on-going cross-training effort, sponsored by the Foster Care Mental Health Program, to improve the working relationship between panel attorneys for minors and parents, and mental health professionals.

Invoice Payment System. CMHS and CSAS are in the process of implementing a new invoice payment system for contractors. As of July 1, contractors will no longer be paid in advance of services provided, but will be paid based on invoices prepared by the contractor who will document services provided in the prior month. This change is being implemented to be consistent with DPH-wide practices, and to ensure that the Department is in compliance with Federal guidelines. To assist the contractors, the Department has provided several trainings and one-on-one assistance over the past six months, and has implemented a mechanism to enable contractors to view units of service on-line via the Media Board.

Police Crisis Intervention Training. A collaborative effort by the SF Police Department, Community Mental Health Services, Jail Psychiatric Services, the Department of Public Health and advocates resulted in the first San Francisco Police Crisis Intervention Training. This was a 40-hour training of 30 police officers on intervening with the mentally ill. Key participants in the preparation and presentation of the training were Jo Robinson (Jail Health Services), Carolyn Kaufman (CMHS Mobile Crisis Treatment Team), Mike Arrajj (Crisis Resolution Team), Helynna Brooke (Mental Health Board), Sgt. Michael Sullivan (SFPD), and Officer Mike Cowhig (SFPD). The training was received with enthusiasm and was rated very highly by the officers. The next training is scheduled for October 1-4, 2001.

Ms. Ruffin then handed out guidelines adopted by State Mental Health Directors about what constitutes an adult System of Care: As I've said before, we're trying to make sure that we reach people as early as possible so people don't have to end up in the hospital, or if they are hospitalized they don't need to stay there long. A true system of care is not just in the mental health system, but includes our partners outside the system, like the police department. What this guideline speaks to is the operation of such partnerships.

3.2 Report from the Executive Director of the Mental Health Board

Ms. Brooke: The Annual Report is completed and will be available on the evening of the Reception, June 20th.

4.0 MENTAL HEALTH BOARD COMMITTEES

4.1 Report of the Chair of the Board and Executive Committee

4.1.a PATH Grant

RESOLUTION (MHB-2001-21)
Be it resolved that the Mental Health Board send a letter to Jo Ruffin, Director, Community Mental Health Services, stating that the Board has reviewed the CMHS renewal proposal for the 2000/01 grant from the federal Projects for Assistance in Transition from Homelessness (PATH) with an increase for fiscal year 2000/01 of $52,060 for a total of $168,396, and that the Board gives its full approval and support to this grant. (Passed unanimously.)

PROPOSED RESOLUTION (MHB-2001-22)
HONORING DICK & BARBARA PHILLIPS

Be it resolved, that the Mental Health Board presents the following award:

The Mental Health Board of San Francisco
proudly presents our
Making-It-Possible Award
to
Dick and Barbara Phillips

For offering a home to HIRE-ABILITY, a pioneering program
that counties throughout California will copy.
For helping to give people with mental illness a chance at success.
For being the sweetest, most supportive landlords anyone could ever ask for.
Without you, it would not have been possible!

(Passed unanimously.)

4.2 Children's Committee

No report—See discussion above.

4.3. Cultural Competency and Special Populations

No report—See discussion above.

4.4 Program and Services

No report—See discussion above.

4.5 State Liaison

Mr. Shipley provided an update on legislation in Sacramento. He announced that this year's Cultural Competency Summit will be held Nov. 7th & 8th in Sacramento.

5.0 PUBLIC COMMENT

Ms. Milfay: To the program and Services committee: You might consider attending a meeting of NAMI to get feedback from family members about how they feel about programs and for suggestions about programs to review. NAMI meets on the 3rd Wednesday of every month. I think it might help the Board to see what another advocacy organization has as its concerns.

Mr. Kalman: I'm sorry, I have some bad news. I do my research from public records, making a historical comparison between the mental health budget of 98/99 and the current proposed budget for 01/02, and I'm sorry to tell you, the current proposed budget is $49 million less than what it was for 98/99. And the Mayor's budget says that there are 2,900 clients. When we go out on the streets we see an increased number of unfortunates lying on the streets. Less money and more unmet needs is what we're seeing. This is a crisis. It's unforgivable to have people out on the streets. I think we have to bring this to the attention of the officials. For me it is depressing. Something has to be done. It's inhumane.

Dr. Beauford: I agree with you and I think everyone here agrees with you. It's depressing to you, and it's alarming to us. The budget is shrinking and it isn't fair and it isn't right. What we're doing here is trying to bring it to the attention of City officials, so we can in whatever way we can make an impact. We are of the same mind and are trying to do something about this with the methods we have available to us.

Mr. Villalba: I agree with you. My own personal view is that the breakdown is not with the City. The breakdown is with the country. We have no real healthcare policy in this country. There has been a gradual erosion of Medicare and MediCal reimbursement rates. Providers are paid something like $42 an hour, and we know that privately a psychiatrist makes $125 to $250 and I'm not criticizing them. But I think one of the focuses this group should have as we look at legislation, is to focus not only at the city level. We generate a lot of money in the city and we could generate more, as we talked about in our Annual Report for 2001, but we need to look at the state level and especially the national level. That is like moving a mountain, but we still have to try. The breakdown is at the national level. We have 40 million uninsured people in this country. I think local boards need to develop those issues, and include them in the discussions as we have receptions with our Supervisors, and in any conversations we have with anyone at the state and federal level.

Mr. Shipley: In the whole state of California, we only graduated 109 psychiatrists this past year, and that severely undermines the resources we have available for mental health services. It calls for a revamping of the educational system.

Ms. Traveler: I wanted to say thank you to Emeric because you always do an awful lot of research and it triggers the kind of feelings we all have.

Ms. Ruffin: I agree with everything the Board has said, and there is a tremendous amount of advocacy you all do and our staff tries to do internally. I think the article that just came out in the *San Francisco Weekly* describes the hidden budget cuts mental health has taken. That information is quite accurate.

There being no further business, the meeting was adjourned at 8:53 p.m.

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SAN FRANCISCO MENTAL HEALTH BOARD

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San Francisco, CA 94103
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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, July 11, 2001
1380 Howard, Room 537
6:30 p.m.

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AGENDA

Public comments will be taken for each agenda item.

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1.0 CALL TO ORDER AND CONSENT CALENDAR (10 minutes)

For discussion and proposed action

1.1 Call to Order and Announcements from the Chair

1.2 Consent Calendar (Attachment A)

1.2.a PROPOSED ACTION: Resolution that the Board approve the minutes of the MHB meeting on June 13, 2001.

1.2.b PROPOSED ACTION: Resolution approving leaves of absence for the MHB meeting on July 11, 2001: Jim Beauford, Chet Villalba

2.0 PRESENTATION ON SAGE—STANDING AGAINST GLOBAL EXPLOITATION (50 minutes)

Norma Hotaling, Executive Director of SAGE (Standing Against Global Exploitation) will speak about SAGE and the mental health issues her clients face such as post traumatic stress disorder from childhood sexual abuse.

3.0 DIRECTORS REPORTS (30 minutes)

For discussion

3.1 Report from the Director of Community Mental Health Services
A report on the activities and operations of Community Mental Health Services, including budget, planning, policy, and programs and services.

3.2 Report from the Executive Director of the Mental Health Board
A report including updates and announcements regarding the activities and operations of the Board.

4.0 MENTAL HEALTH BOARD COMMITTEES (20 minutes)

For discussion and proposed action

4.1 Report of the Chair of the Board and Executive Committee

The chair will report discussions and actions of Executive Committee.

4.2 Children's Committee

No report

4.3 Cultural Competency & Special Populations Committee

No report.

4.4 Program and Services Committee

The chair will present a potential list of programs for the board to review.

4.5 State Liaison

A report on developments regarding mental health services, policy, and funding at the state level, including the California legislature, the State Department of Mental Health, and other statewide advocacy or policy organizations.

5.0 PUBLIC COMMENT (10 minutes)

This is an opportunity for members of the public to address the Mental Health Board on items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board. Additionally, public comments will be taken for each agenda item.

This agenda and all attachments can be viewed at: www.ci.sf.ca.us/mental_health. Attachments are also available at the Mental Health Board Office, 1380 Howard Street, Suite 510, telephone 255-3474.

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1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) 5 days before the meeting. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in Room 537. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and the 72 Haight/Noriega. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

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To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.ci.sf.ca.us/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

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MENTAL HEALTH BOARD
ATTACHMENT A
July 11, 2001

CONSENT CALENDAR

All items on the Consent Calendar are handled through a single vote. There will be no discussion unless a member requests it, in which case the item will be removed from Consent Calendar and discussed. Additional names may be added to the leave of absence resolution during the meeting.

1.2.a **PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of June 13 2001, be approved as submitted.**

1.2.b **PROPOSED RESOLUTION: Be it resolved that the Mental Health Board grants leaves of absence for the meeting of July 11, 2001, to the following members: Jim Beauford, Chet Villalba.**

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UNADOPTED MINUTES
Mental Health Board
Wednesday, July 11, 2001
1380 Howard Street, Room 537
San Francisco, CA 94103
6:30 p.m.

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BOARD MEMBERS PRESENT: Mickey Shipley (Acting Chair); Bridgett Brown; Peggy Gilleran, J.D.; Alex Kitzes, Ph.D.; Andrea Leung, L.C.S.W., A.C.S.W.; Ted Stinson; Lora Traveler; Kate Walker; Dennis Yun.

BOARD MEMBERS ON LEAVE: Jim Beauford, Ph.D. (Chair); Tim Agar; Pat Harrison; Chet Villalba.

BOARD MEMBERS ABSENT: none.

PRESENTERS:
Norma Hotaling, Executive Director, SAGE
Agnes Mercurio, Coordinator, First Offender Prostitution Program, SAGE

OTHERS PRESENT: Jo Ruffin (CMHS Director); John Dorsey (CMHS Consumer Relations); Dale Milfay (Family Member); Emeric Kalman (Family Member); Helynna Brooke (MHB Executive Director); Rich Snowdon (MHB Administrator)

1.0 CALL TO ORDER AND CONSENT CALENDAR

The meeting was called to order at 6:37 p.m. by Mr. Shipley, Acting Chair.

2.0 NORMA HOTALING OF SAGE—STANDING AGAINST GLOBAL EXPLOITATION

Ms. Hotaling: Thank you very much for inviting us here tonight. It's been about 5 years since we presented here. At that time SAGE was just an idea; now we have a full fledged program. Each week we see between 300 and 325 women and girls. We have a 3-story building on Mission Street a block away from here. We just bought the building in January, so SAGE will be around for a long time. The first funding we received was for a restorative justice program we run, and which is funded by fines paid by men who are arrested for prostitution. Usually the laws are enforced in a very discriminatory fashion against women and girls. The women we work with usually have been 25 and a couple hundred arrests. The men are usually first-time offenders, because traditionally they don't get arrested.

This program is a collaboration of the District Attorney's Office, the San Francisco Police Department, and SAGE. After they are arrested, the men pay an administrative fee of $500. There's a sliding scale. That money is used to administer the educational program. But it's also funneled back into services for women and girls. The first program we funded was for girls in Youth Guidance Center. The next program was the First Offender Prostitution Program.

The Satellite Program consists of a grassroots human rights dialogue, support group for women who were in major drug treatment programs, women on the street, and mainly women working as prostitutes.

We started talking with them about their issues, and then did larger discussions out in the community. We figured that the best way to reach women and girls was to go into all the drug programs and work with them on issues of child abuse, incest, domestic violence, and the sex industry.

Three counselors provide weekly support groups at all the major drug treatment programs. We've seen programs change because of our work with the women there.

A couple years ago, Community Substance Abuse Services started funding SAGE for trauma and recovery work.

Now I'd like to present a 20-minute video on our work called, "Endangered Species: The Women of SAGE."

(Notes from the video: SAGE was the winner of the Peter F. Drucker Award for Nonprofit Innovation in 2000. Since 1996 SAGE has helped over 800 women and girls escape prostitution and drug addiction. Of the 4,000 men who have attended the John School, only 14 have been arrested a second time.)

Ms. Hotaling: Our trauma and recovery program is a highly-sophisticated program based on the peer education model. Here's why that works: If you have an understanding of childhood development, you know that child prostitution and incest rob the child of her ability to trust in healthy ways. We learn at a very early age to trust perpetrators and to bond with them. We learn powerlessness. Our human rights are taken away. Also childhood trauma is associated with different kind of mental health disorders.

As these girls grow up, they experience violence, sexual assault, and prostitution at an early age. When they walk through the doors of SAGE, they walk in with everything I described: trauma, depression, lack of ability to trust, shame, stigma, very low self-esteem.

It just doesn't work if you don't have a woman there to greet them who's experienced what they've experienced. Social workers are not enough.

In this society, women and girls like us are seen as toss aways, as immoral, as impossible to help no matter how many resources you throw at us.

SAGE is the largest program for prostitutes in the world. From a human rights point of view, childhood sexual abuse, molestation, violence, exploitation, all take away the human being's ability to thrive and to learn. It disrupts the ability of a child to sit in school and study.

Our program is about giving back what these women never had as children. It's not rehabilitation, but habilitation. We believe they should be given everything that was taken away. In the peer education model, we work in a different way than social workers, who often write up very limited treatment plans, such as getting them into an SRO hotel, getting them to feed themselves once a day, and getting them stabilized.

We have much bigger goals. We want these women to be as whole as possible. Ours is a trauma-recovery, drug-recovery model. We want these women to go back to school, get married, reunite with their kids, and recover from childhood molestation.

Aggie Mercurio started with me in the jail group in the county jail. I was her counselor in the support group, and then we helped transition her into a drug treatment program. I went to see her in her drug treatment program, and she got in my space, and said, "I'm going to work for SAGE!"

Ms. Mercurio: I do work for SAGE now and love it. I'm running the jail program that I started in I'm a second generation San Franciscan. My mother was mentally ill, and I reacted to her illness. She would hit me and often I couldn't go to school. I went to parochial school. I was traumatized as a kid and could not focus and did not have self-esteem. I came from an Italian American background and was raised to be in the background. In my family, kids were raised to be seen but not heard.

When it came to my reality, it was defined through men and how I could find my value through attaching myself to men. During the 60's I became involved in free love, drugs and rock and roll, and I took off with that. I ended up being in the criminal justice system. I was sent to prison.

I was in prostitution and pornography. My father was an official for the Teamsters Union. You wouldn't have thought I'd end up this way.

The last time I was arrested was 5 years ago. I was put in prison. I had met Norma the term before when I was in prison. I was at that time literally numb from the neck down. I had been raped so many times outside, I was living in such an extreme state of panic, and was so severely addicted, that I was numb from the neck down. I couldn't stay present in my body. I had so much guilt and shame in my background and I couldn't escape the sense of panic.

The first time Norma asked me, "Aggie, how do you feel?" I was 41 years old, but I didn't know how I felt. The rage and the anger I had was remarkable. I have since gone into treatment. In the residential facility, I could not sit in a clinical group with men and say I was a prostitute, and that I was raped, abused, and sodomized. I couldn't stand up and be counted; I couldn't find the courage.

Then I began to go to SAGE and began to find my healing there. I began to feel like it was time to get back to the community. It took me a long time to heal. I maintain my practice of healing every day.

I now work in the county jail. Our program serves the transgender group, a women's group at YGC, and facilitates the John's School for the men.

For so many women, their fear is so intense and tremendous they cannot center themselves and find healing. I think that's why we're here tonight to make this known to you. I am a very valuable member of the community, and so are women like me. A lot of women just barely escape the lifestyle of prostitution, and we need support.

We come out of that life so traumatized that there are mental health issues. I have a therapist I see weekly.

We need your support for our work.

Ms. Traveler: I'd like to say thank you for a wonderful and honest presentation.

When I was a school teacher for an eighth grade class in 1998, a student came in and told my assistant that another girl, Darlene, had a knife and was planning to kill an 8th grade boy.

I went out to find Darlene. She had brought a knife to school. The boy was threatening to rape her. She said, "He's not going to do to me what my step dad does." Here was a situation where her mother had divorced the real father. But the real father and the step father were living in the home. The step dad was having this relationship with Darlene and her sister, too. We got the girls into a shelter. There wasn't closure. I went to the shelter to find out if there was going to be therapy. But nothing happened other than those two girls were removed from home for a period of time. It was a most difficult thing for myself and my principal, because we felt powerless. I don't know what happened to Darlene.

What happens when there are 12- and 13-year-old girls being sexually abused?

Ms. Hotaling: What we find with almost all the girls we work with in the criminal justice system, and the adult women, (and what we call adult women are really untreated girls), is that girls who act out as a result of sexual abuse and trauma, act out in ways that are not socially acceptable. Then instead of getting treated as victims, they get treated as perpetrators.

The nice victims, the girls who overcompensate, get a whole other kind of treatment. People are saying , "Oh you're such a good girl." And there's a distinction made between girls who act good and girls who act bad.

Of the girls in the criminal justice system, 90% have been abused, most of them have been raped, and serially raped. This is epidemic in San Francisco right now. Either they don't have anyone to tell, or they are blamed: it's your fault, why were you sitting on his lap, you're lying. They are punished, sometimes severely, sometimes they are threatened with death.

Not being protected adds a whole other layer of issues.

The way we at SAGE train probation officers, is to say, "The girl who is acting out or who is out of control, is acting exactly how she should be acting given her circumstances in life. You as professionals need to change." Professionals want these girls to walk in and be the good girl. The professionals often start blaming the girls who are acting out.

In coming tonight and speaking before the Mental Health Board, I wanted to talk about how we've done this without any mental health money. We work with the EMDR method, which is rapid eye movement desensitization. We incorporate a lot of new modalities, including art therapy. We have 25 therapists who work on a pro bono basis with us, so our clients have access to these therapists. Some of our money from CSAS was set aside for a therapist. Acupuncture is a very vital part of our program. It works well with detoxification, decreasing stress, somatization, yoga, etc.

Aggie went through a residential treatment program and they never dealt with her trauma. She has all her own unfinished issues, and then she's getting secondary trauma from working with other women who are traumatized. So it's very important for our staff to work on their trauma issues.

We make sure the environment of SAGE is very, very safe and secure. A woman came in today who said she had never in her life received this kind of treatment from anybody, the kindness that she gets from everybody at SAGE.

Ms. Mercurio: We are kind, kind women. There is no competition. It's just not like that. We are creating a different kind of culture. People come in from other arenas and they are awestruck by how kind we are to our clients. It goes from the top down. In some places, we're known as being pampered staff. And that's okay. We are in recovery, and in order to do what I do, I need to keep taking care of myself.

Dr. Kitzes: What you are doing is so incredible. The transformation in the women is wonderful.

Do you find EMDR effective, and do you see the way the women relate to other women change alot?

Ms. Mercurio: Absolutely, women in come in with trust issues. They are taught not to like women. They are taught to compete with women. In the program, they learn to trust themselves and other women.

Ms. Hotaling: I'm aware of the whole EMDR controversy. When I was 40, The first therapist I had who ever helped me, was an EMDR therapist. My life changed so dramatically in a year. I went from thinking of myself as a bad person, a criminal, to knowing that I am a whole person. I would go in with insomnia and paranoia so bad, over and over. But in one session that changed. The EMDR just calmed everything down.

Ms. Mercurio: I have issues and experiences, but I also have a relationship with my experiences now. They do not petrify me; they do not limit me because I know what they are. EMDR helped me get to this.

Ms. Milfay: What does your program do when a woman comes in who is suffering from a severe mental illness?

Ms. Hotaling: We link to all the major mental health programs in San Francisco. We follow up with physicians and psychiatrists. We work with them to help our clients be compliant with their medications. We have our clients assessed for suicidality if we're concerned about them. There are some women we can't work with ourselves and so we find someone to work with them.

We're now getting set up for Medi-Cal mental health funding.

Mr. Shipley: Thank you for a very dramatic presentation and a very powerful video that tells the story of SAGE and what you've done. I know you've received national recognition.

Ms. Hotaling: We received the Peter Drucker Foundation award. And we just received the Oprah Angel Award.

Ms. Ruffin: I very much appreciate your presentation. I started out as a social worker at San Bruno jail. The service you've developed was so sadly lacking at that time.

Ms. Hotaling: I was there in San Bruno. I got out of there in 1989 and started SAGE.

CONSENT CALENDAR (taken out of order, since there was not quorum at the beginning of the meeting.)

RESOLUTION (MHB-2001-23): Be it resolved that the minutes of the Mental Health Board meeting of June 13, 2001, be approved as submitted, with a technical clarification added to the comments of Emeric Kalman. (Passed unanimously.)

RESOLUTION (MHB-2001-24): Be it resolved that the Mental Health Board grants leaves of absence for the meeting of July 11, 2001, to the following members: Tim Agar, Jim Beauford, Peggy Gilleran, Pat Harrison, Chet Villalba. (Passed unanimously.)

3.0 DIRECTORS REPORTS

3.1 Report of the Director of Community Mental Health Services

Ms. Ruffin reported as follows:

Budget

The Finance Committee of the Board of Supervisors has reviewed the Department of Public Health's FY01-02 proposed budget and forwarded its recommendations to the full Board for consideration on July 16th. The budget will receive final approval by the full Board on July 30th, and then the Mayor will have 10 days to sign before the budget becomes final. The budget approved by the Finance Committee includes funding for a two percent salary COLA for non-profit contract agencies and a handful of one-time addbacks. These one-time addbacks are primarily to continue programs funded with FY00-01 one-time addback dollars; however, the Department did receive funding to start some small initiatives. Funding increases will be detailed following approval of the budget by the full Board of Supervisors.

Next month I will report on the addbacks. I think there is still some advocacy going on for the Board and Care providers. Supervisor Sandoval held some hearings about the Board and Care homes.

SFGH Performance Objectives

The Department has been successful in meeting the objective related to maintaining or reducing the 40% rate of hospital admissions from Psychiatric Emergency Services (PES). Monitoring of this objective led to agreements between the Department of Psychiatry and Community Mental Health Services about how communication will occur between the sections when PES is considering "yellow alert" status and is at-risk of going on diversion. Monitoring of the rate of admissions also led to agreement to pursue a joint Quality Improvement study of the recidivism rate.

The Department of Psychiatry's revenues are expected to meet their overall target for the current fiscal year 00-01.

The objective of preventing out-of-county client admissions has proven impossible to meet 100% of the time because of the limited client information available in emergency situations. Nineteen out-of-county clients were admitted during FY 00-01. The consensus is that the objective has been met satisfactorily. Monitoring of this objective led to a one-week eligibility study to determine if it would help to assign more eligibility workers to PES. There was agreement as a result of the study that increasing eligibility worker time will not address the problem.

The objective of maintaining a length of stay of no more than 15 days has also been met but continues to present difficulty. A thorough review of the challenges to meeting the objective confirm that there are system gaps for clients who need specialized placements in order to move from acute settings to community care. The most difficult placements are for clients who require long term care in institutional settings where there are a limited number of beds. The system gaps include a lack of sufficient intensive case management as well as community beds appropriate for clients with complex histories and problems. These include clients who have one or more of the following characteristics: polysubstance abuse, organic brain problems including dementia, monolingual non-English speaking, requiring non-ambulatory access, nursing assistance, regular blood draws, or histories of assaultive behavior or jail/state hospital stays. In addition, even for clients without complications there are not enough community beds and there are administrative barriers to smooth client flow between facilities.

The new Board and Care facility we put out to bid will have the capability to work with some of these clients with medical problems that can be taken care of on an outpatient basis.

Youth Development Grant
In June 2001, the City and County of San Francisco was awarded a Youth Development and Crime Prevention Grant by the State of California (Department of Alcohol and Drug Programs, Department of Mental Health, Employment Development Department). The amount of the award is $834,357 annually for three years. The Project represents a close collaboration between the following agencies: Child, Youth and Family Services, CMHS (lead agency), Community Substance Abuse Services, Private Industry Council/Workforce Investment Commission, Juvenile Probation. The Project will serve youth ages 14-18 who are known to Probation, have either a significant alcohol/drug problem or serious emotional disturbance, and who reside in one of the four Enterprise Communities in the City (South of Market, Mission, Bayview Hunters Point, and Visitacion Valley).

Peer Counselor Graduation
This afternoon we had a graduation for over 20 Peer Counselors who have completed their training on our system. We hope this will become a regular process. We're continuing to work to develop employment positions for consumers in our system.

Kaiser Coverage
Kaiser Permanente has a new policy that says that they will no longer cover their members for medications prescribed by physicians outside of Kaiser. We have a number of Kaiser patients in our system so this could have a big financial impact. We met with Kaiser, and they agreed that clients in CMHS would be exempt from their policy. We were very pleased with Kaiser's willingness to work with us. They've given us a letter we can hand to the client to take to the pharmacy.

Ms. Traveler: Did anyone else see Jo on television? It was just excellent. The questions that the callers called in were excellent and your presentation was great. Ms. Ruffin: Thank you. It's not one of my favorite things to do.

Ms. Traveler: I wanted to ask about the complex diagnosis cases, are they increasing or is the process of making the diagnosis getting better?

Ms. Ruffin: At San Francisco General, sometimes Psychiatry has become the safety net to the medical system. People who have dementia with behavior problems have been funneled into Psychiatry. But we think this has been getting a bit better.

Ms. Traveler: What about the out-of-county admissions? Ms. Ruffin: We have an agreement to provide emergency services in reciprocal agreement with other counties.

Mr. Stinson: Can you talk about the barriers between the levels in the system of care?

Ms. Ruffin: Between San Francisco General and the community services, we're always trying to figure out how to make the connection work better. One of the big differences is that clients at the high end are often involuntary and the clients in the community services are voluntary. So one of the first things we focus on is how to help people in an involuntary situation want to accept services. Sometime a person in a locked facility, someone who we think would do well in residential treatment, refuses to have anything to do with further treatment. They just want to get out.

The provider network is still kind of new. We continually ask if there are people in the county clinics who could now do well in the private provider network and open some spaces for other people in the clinics.

We hired a physician to be the back up medication provider for people who leave the hospital who can't get a timely appointment in the clinic or won't go back to the clinic.

Ms. Leung: That part is very good.

Mr. Stinson: I was surprised you didn't talk about coordination problems, given how many services there are. Is that not a problem?

Ms. Ruffin: One of the things we've been working on is how to coordinate with our partners in providing services. SAGE would be an example of a partner. We try to find out in intakes where else people are receiving services. We're trying to provide funding for dual diagnosis clients who are in the substance abuse services. Those clients are added into our computer system, and this cuts down a lot of the barriers.

Ms. Leung: Another part of the coordination is that there are four Integrated Service Centers. Let's say I make a referral for a patient to have Cantonese speaking services. I would refer the person to Chinatown/North Beach, but they might refer the client to RAMS to get those services.

Ms. Ruffin: There are four ISC's: Chinatown/Northbeach, Mission, OMI, and South of market. Clusters.

Ms. Milfay: Medi-Cal is a state thing, is it a fee for service thing or a block grant? What happens if someone moves to another county, but they haven't reported that they've moved.

Ms. Ruffin: The Medi-Cal system was carved out for mental health services. Each of the counties is responsible for the mental health services for the Medi-Cal clients in their counties. If a client moves, then the eligibility follows them to the new county, even if they don't inform the county.

3.2 Report from the Executive Director of the Mental Health Board

Ms. Brooke: Welcome, April! It's great to see you back.

We had a great reception on June 20th. Wasn't that fun? We just got the pictures back, and you can see passion, vibrancy, and commitment in all the faces!

4.0 MENTAL HEALTH BOARD COMMITTEES

4.1 Report of the Chair of the Board and Executive Committee

Mr. Shipley: The Annual Retreat will be on Saturday, December 1, 2001. And the August Board meeting has been canceled.

4.2 Children's Committee

No report—See discussion above.

4.3. Cultural Competency and Special Populations

No report—See discussion above.

4.4 Program and Services

Mr. Shipley: The Committee has put together a list of programs to review. Add more if you want. We've decided that we only will have one reviewer at one program at a time. We've reviewed the review packet and we're having it reduced to a smaller size to make it handier to take with you.

Also we talked about legislation. The most important legislation we were concerned with was AB 1421, the LPS involuntary outpatient commitment. It was pulled from the calendar by the author Helen Thomson and she'll re-introduce it in the Senate next year where she hopes to be at that time. It was passed by the Assembly, vote of 56 to 1.

4.5 State Liaison

Mr. Shipley: Along with following the AB 1421, we're watching other state legislation.

5.0 PUBLIC COMMENT

Ms. Milfay: When people come into clinics, are the family members given a paper saying they can go to the National Alliance for the Mentally Ill (NAMI)? Is NAMI a part of your system? We have people coming to NAMI who just found out about it out of the blue. Ms. Leung: You can give me a call about this. I work at the California Pacific Medical Center.

Ms. Ruffin: I'm not positive if that's the routine of the clinics. However, we have been wanting to have more of a connection with NAMI. Linda Wang has been attending your meetings. And maybe you can talk with her in your meetings about how we can better provide that information.

Mr. Shipley: If we are going to provide information about NAMI, we need to provide information about consumer programs as well.

There being no further business, the meeting was adjourned at 8:32 p.m.

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anceled

The Mental Health Board meeting scheduled for August 8, 2001, has been CANCELED

The next meeting of the Board will be Wednesday, September 12, 2001, in Room 537 at 1380 Howard Street.

An agenda for that meeting will be sent out at the beginning of September.

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, September 12, 2001
1380 Howard, Room 537
6:30 p.m.

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AGENDA

Public comments will be taken for each agenda item.

1.0 CALL TO ORDER AND CONSENT CALENDAR (10 minutes)

For discussion and proposed action

1.1 Call to Order and Announcements from the Chair

1.2 Consent Calendar (Attachment A)

1.2.a PROPOSED ACTION: Resolution that the Board approve the minutes of the MHB meeting on July 11, 2001.

1.2.b PROPOSED ACTION: Resolution approving leaves of absence for the MHB meeting on September 12, 2001: Bridgett Brown, Peggy Gilleran, Chet Villalba.

2.0 PRESENTATION OF AWARDS

2.1. To Diana Ming Chan and Clarence K. Chan
For a gift of $500,000 to San Francisco for school social workers.

2.2 To Dick and Barbara Phillips
For providing space for the Hire-Ability Program and being exemplary landlords.

3.0 PRESENTATION: WILMA LOUIE, CHINATOWN/NORTH BEACH MENTAL HEALTH SERVICES (50 minutes)

4.0 DIRECTORS REPORTS (30 minutes)

For discussion

4.1 Report from the Director of Community Mental Health Services
A report on the activities and operations of Community Mental Health Services, including budget, planning, policy, and programs and services.

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MEETING OF THE MENTAL HEALTH BOARD

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1380 Howard, Room 537
6:30 p.m.

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4.0 DIRECTORS REPORTS (30 minutes)

For discussion

4.1 Report from the Director of Community Mental Health Services
A report on the activities and operations of Community Mental Health Services, including budget, planning, policy, and programs and services.

4.2 Report from the Executive Director of the Mental Health Board

A report including updates and announcements regarding the activities and operations of the Board.

5.0 MENTAL HEALTH BOARD COMMITTEES (20 minutes)

For discussion and proposed action

5.1 Report of the Chair of the Board and Executive Committee

The chair will report discussions and actions of Executive Committee.

5.1.a Proposed Action: Resolution commending Supervisor Sophie Maxwell for achieving the President's Award for the Women Who Make a Difference Award (SF Commission on the Status of Women) and for her work with mental health. (Attachment B)

5.2 Children's Committee

No report

5.3 Cultural Competency & Special Populations Committee

5.3.a Proposed Action: Resolution that the Mental Health Board commend the Department of Public Health for its continuing efforts to provide cultural and linguistic competency in the services it provides for the people of San Francisco. (Attachment C)

5.3.b Proposed Action: Resolution that the Mental Health Board commend the Board of Supervisors for increasing access to services for limited English speakers. (Attachment D

5.3.c Proposed Action: Resolution that the City and County recommend expediting work permits for foreign nationals who are health care professionals. (Attachment E)

5.4 Program and Services Committee

Presentation of the Program Review Guidelines booklet.

5.5 State Liaison

A report on developments regarding mental health services, policy, and funding at the state level, including the California legislature, the State Department of Mental Health, and other statewide advocacy or policy organizations.

6.0 PUBLIC COMMENT (10 minutes)

This is an opportunity for members of the public to address the Mental Health Board on items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board. Additionally, public comments will be taken for each agenda item.

This agenda and all attachments can be viewed at: www.ci.sf.ca.us/mental_health. Attachments are also available at the Mental Health Board Office, 1380 Howard Street, Suite 510, telephone 255-3474.

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1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) 5 days before the meeting. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

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4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

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The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Donna Hall
Sunshine Ordinance Task Force
City Hall, Room 244
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San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Ms. Hall, or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.ci.sf.ca.us/sunshine.htm**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.ci.sf.ca.us/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

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MENTAL HEALTH BOARD
ATTACHMENT A
September 12, 2001

CONSENT CALENDAR

All items on the Consent Calendar are handled through a single vote. There will be no discussion unless a member requests it, in which case the item will be removed from Consent Calendar and discussed. Additional names may be added to the leave of absence resolution during the meeting.

1.2.a PROPOSED RESOLUTION: **Be it resolved that the minutes of the Mental Health Board meeting of July 11, 2001, be approved as submitted.**

1.2.b PROPOSED RESOLUTION: **Be it resolved that the Mental Health Board grants leaves of absence for the meeting of September 12, 2001, to the following members: Bridgett Brown, Peggy Gilleran, Chet Villalba.**

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MENTAL HEALTH BOARD
ATTACHMENT B
September 12, 2001

5.1.a PROPOSED RESOLUTION (MHB-2001-xx) HONORING SUPERVISOR SOPHIE MAXWELL

Be it resolved that the Mental Health Board of San Francisco presents the following award to Supervisor Sophie Maxwell:

The Mental Health Board of San Francisco
Presents our Congratulations to

Supervisor Sophie Maxwell

For being honored by the Commission on the Status of Women
as the recipient of their President's Award for 2001.

And we offer your our gratitude
for your ongoing support for public mental health services,
for your efforts to have more programs located in the
communities they serve, and
for your commitment to treating every person,
especially those most in need, with dignity and respect.

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MENTAL HEALTH BOARD
ATTACHMENT C
September 12, 2001

5.3.a PROPOSED RESOLUTION (MHB-2001-xx): COMMENDATION TO THE HEALTH DEPARTMENT FOR PROVIDING CULTURAL AND LINGUISTIC COMPETENCY

WHEREAS, the City and San Francisco has a very diverse population, including many immigrants, and

WHEREAS, the clients of the Department of Public Health reflect this diversity, and

WHEREAS, quality care requires cultural and linguistic competency on the part of Department employees, and

WHEREAS, the Department makes it possible to designate language requirements for specific positions, and

WHEREAS, the Department encourages cultural and linguistic competency with a program of waivers and special compensation, and

WHEREAS, the Department has a program of language testing to assure the quality of language abilities of employees seeking such waivers and compensation, and

WHEREAS, the Department also encourages cultural competency by offering waivers for African American Health Specialists and for Gay Health Specialists, now, therefore,

BE IT RESOLVED, that the Mental Health Board of San Francisco commends the Department of Public Health for its continuing efforts to provide cultural and linguistic competency in the services it provides for the people of San Francisco.

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MENTAL HEALTH BOARD
ATTACHMENT D
September 12, 2001

5.3.b PROPOSED RESOLUTION (MHB-2001-xx)
COMMENDATION TO THE BOARD OF SUPERVISORS FOR INCREASING ACCESS TO SERVICES FOR LIMITED ENGLISH SPEAKERS

WHEREAS, the Board of Supervisors of the City and San Francisco has passed and the Mayor has signed on June 15, 2001, Ordinance No. 126-01, with regard to increasing access to services for limited English speakers, and

WHEREAS, Ordinance No. 126-01 states:

> "The Board of Supervisors hereby finds and declares that substantial numbers of persons who live, work, and pay taxes in San Francisco are unable to communicate effectively with city departments because their primary language is not English. The Board further finds and declares that city employees are frequently unable to communicate with persons requiring their services because of this language barrier. Consequently, substantial numbers of San Franciscans may be denied rights, benefits, and services to which they are entitled.
>
> "This Ordinance makes it the policy of the City and County of San Francisco to provide equal access to city services to all San Franciscans, including those with limited proficiency in English. This Ordinance also implements and supplements California's Dymally-Alatorre Bilingual Services Act, Government Code §7290 et. seq., which requires state and local public agencies serving a substantial number of limited English-speaking people to provide services and materials in the language(s) spoken by those persons."

and,

WHEREAS, Ordinance 126-01 and subsequent Ordinance 128-01 mandate city departments to take a comprehensive set of specific actions to implement the intent of the policy in the Ordinance, now, therefore,

BE IT RESOLVED, that the San Francisco Mental Health Board thanks and commends the Board of Supervisors and the Mayor for providing strong leadership, both moral and practical, in continuing to develop a culturally and linguistically competent system of services in San Francisco.

SAN FRANCISCO MENTAL HEALTH BOARD

1380 Howard Street, Suite 510
San Francisco, CA 94103
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MENTAL HEALTH BOARD
ATTACHMENT E
September 12, 2001

5.3.c PROPOSED RESOLUTION (MHB-2001-xx) EXPEDITING WORK PERMITS FOR FOREIGN NATIONALS WHO ARE HEALTH CARE PROFESSIONALS

WHEREAS, the City and San Francisco has a very diverse population, including many immigrants, and

WHEREAS, the clients of the Department of Public Health reflect this diversity, and

WHEREAS, quality care requires cultural and linguistic competency on the part of Department employees, and

WHEREAS, the Department has had a difficult time in recruiting a diverse range of employees to match the diversity of its clients, and

WHEREAS, there are qualified foreign nationals living in the Bay Area or who would be willing to move to the Bay Area to fill positions which are in special need of cultural and linguistic competency, now, therefore,

BE IT RESOLVED, that the Mental Health Board commends the Department of Public Health for doing what it can to make it possible for foreign nationals to fill such positions on a case by case basis, and

BE IT FURTHER RESOLVED, that the Mental Health Board of San Francisco commends Congresswoman Nancy Pelosi, and sends her our heartfelt thanks for helping individual health care workers from other countries find their way through the federal bureaucracy and be approved for the appropriate work visas so they can fill critically important health care positions, and

BE IT FURTHER RESOLVED, that the Mental Health Board urges the City and County of San Francisco to work with local colleges and universities, along with state and federal agencies in whatever way is appropriate to promote professional training for an increased number of American citizens who have the cultural and linguistic capabilities that are being sought for our city services.

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UNADOPTED MINUTES
Mental Health Board
Wednesday, September 12, 2001
1380 Howard Street, Room 537
San Francisco, CA 94103
6:30 p.m.

BOARD MEMBERS PRESENT: Mickey Shipley; (Acting Chair); Tim Agar; April Martin Chartrand; Pat Harrison; Alex Kitzes, Ph.D.; Andrea Leung, L.C.S.W., A.C.S.W.; Ted Stinson; Lora Traveler; Kate Walker; Dennis Yun.

BOARD MEMBERS ON LEAVE: Jim Beauford, Ph.D. (Chair); Bridgett Brown; Peggy Gilleran, J.D.; Chet Villalba.

BOARD MEMBERS ABSENT: none.

PRESENTERS:
Wilma Louie, Program Director, Chinatown/North Beach Mental Health Services

OTHERS PRESENT: Jo Ruffin (CMHS Director); John Dorsey (CMHS Consumer Relations); Rick Nizzardim (Glide Health Services); Emeric Kalman (Family Member); Helynna Brooke (MHB Executive Director); Rich Snowdon (MHB Administrator)

1.0 CALL TO ORDER AND CONSENT CALENDAR

The meeting was called to order at 6:44 p.m. by Mr. Shipley, Acting Chair.

Mr. Shipley: I would like to ask us to have a moment of silence for those people who lost their lives yesterday, for the children who lost their parents, for mothers and fathers, sisters and brothers.

> **RESOLUTION (MHB-2001-25): Be it resolved that the minutes of the Mental Health Board meeting of July 11, 2001, be approved as submitted. (Passed unanimously.)**
>
> **RESOLUTION (MHB-2001-26): Be it resolved that the Mental Health Board grants leaves of absence for the meeting of September 12, 2001, to the following members: Jim Beauford, Bridgett Brown, Peggy Gilleran, Chet Villalba. (Passed unanimously.)**

2.0 PRESENTATION OF AWARDS

The awards for Diana Ming Chan and Clarence K. Chan, and for Dick and Barbara Phillips will be sent to them.

3.0 CHINATOWN/NORTH BEACH MENTAL HEALTH SERVICES

Ms. Louie: I also want to say our thoughts are with the people who lost their lives, the people who lost members of their families, and the many, many people who are helping out with the rescue work.

As I share information about our program please feel free to raise questions or ask about any concerns you have. (Ms. Louie then handed out brochures about the program.)

We're a combined outpatient clinic, day treatment program, and community entry point for new clients who are seeking mental health services. On an average, we work with 2,000 consumers, including adolescents and adults.

Because of both our location and the language abilities of our staff, the clients we serve are 65% Asian. The other 35% are primarily Caucasian.

In our delivery of mental health services, we have tried to maintain the principle that we need to be accessible. That's in recognition of the fact that when people seek mental health services they are already feeling quite a bit of distress and possibly feeling the stigma against mental illness. We try to respond to their needs. We try to never be closed to referrals or have a waiting list. You can either call us or walk in. We have two Officers of the Day each day, one English speaking and one Chinese speaking. Staff with other language capabilities are on call.

If a person is in need of seeing a psychiatrist for medications, we have physicians who are able to provide assistance with that. Generally with non-emergency clients, we make an appointment for them so they can come back within 5-7 days for a full intake and assessment. At that time, we gather more detailed information about what's going on and share information about what services we can provide. We also give them the opportunity to talk with the psychiatrist.

We are a multi-disciplinary team, consisting of psychiatrists, social workers, nurses, paraprofessionals, clinical psychologists, clinical pharmacist, acupuncturist, occupational therapist, and rehabilitation counselor. We have multicultural, multilingual staff. We have staff who speak Chinese, Vietnamese, Laotian, and Italian. We take the client's language needs into account. We also take their cultural and socioeconomic background into account. We try to help people with their survival needs.

With regard to specific services, we offer psychiatric evaluation, individual therapy and counseling, family intervention, urgent care, medications, group activities and therapy, case management, crisis outreach, consultation, education and information activities, acupuncture, and rehabilitation and socialization programs.

Our acupuncture treatment for psychiatric disorders started over 20 years ago as a demonstration project. Initially we wanted to offer a culturally relevant treatment method. But it has become an alternative treatment that people of many different backgrounds take advantage of.

We offer crisis outreach, and will go into the home to try to bring people back into the clinic or get them the help they need. We are the older adult outreach team for the Chinese community. We have a program at Galileo High School. We also have staff outstationed at Chinese Self-Help for the Elderly. We like to be able to be in the community where people are. The same is true at Galileo High School. The outreach workers there are able to reach a much larger number of students that way.

We work with families. We have a support group for families once a month on Saturdays. It's a chance for families to learn about mental illness and treatments, and it's a support group. It's also become an advocacy group for bi-lingual, bi-cultural mental health services.

We have outpatient groups. It's difficult to get groups started, particularly with Asian clients. But we've found if we are able to get a group started, then it becomes a powerful support group. We have a support group for Cambodian refugees. There is significant healing that happens in the group where people are given the chance to talk with others about the traumas they've been through or issues about living here in San Francisco.

The program runs 8:30 a.m. to 2 p.m. We offer a number of group activities, including pre-vocational activities. We take the position that mental illness is something that people can recover from, that they can go on with their lives.

We also have a socialization program for people who no longer want to come to the day treatment program.

Mr. Shipley: Question about medication. Medications have been tested mostly on whites, and not on Asians. Does the Asian population have a different response to the medications?

Ms. Louie: I'm not an expert on that, but in general our experience is that the Asian population is more sensitive to the medications and Asians often require lower doses, and are more likely to have side effects, even on the lower doses.

Mr. Shipley: How are your treatment modalities different because of your client base?

Ms. Louie: Across the board there is a stigma that gets attached to mental illness. The Asian community feels this quite strongly. In the Asian community people have different ways of understanding mental illness as having to do with a transgression in a previous life, with spirits, or with genetics. We need to work with their understanding of the origins of illness.

There are cultural considerations you want to make. In terms of understanding an adult child and parent, you may think something is pathological if the adult child is still living with their family. But in the Asian culture there is not so much value placed on independence, but on interdependence, and the connection to the family.

Ms. Leung: My experience is that some patients while taking neuroleptic medications, would get herbal treatments and then suspend their psychiatric medication or take both together.

Ms. Traveler: There are so many activities that you do and services you provide; it's commendable. With regard to the Galileo Adolescent program, and given the large population of African American students at Galileo, is there any emphasis on Ebonics or African languages? Do you have Eritrean students?

Ms. Louie: I don't know about Eritrean students. Galileo is about 50-50 Asian and African American. We know we have to be sensitive to needs of African American students. The Wellness Center at Galileo has African American staff. But our program at Galileo doesn't.

Ms. Harrison: How is outreach done for GAP? Ms. Louie: When we started out in 1979, the focus was Chinese students and that shaped how we hired staff. In terms of how we outreach, we should have more African American mental health staff. At Galileo, we try to go into the classrooms and work with the teacher both for referrals and to do presentations to the students.

Ms. Harrison: Do you reach out to the parents at all? Ms. Louie: At the school it's more difficult because lots of the students don't want their parents involved. Ms. Ruffin: You're saying we need to look at who the staff are at all our high school programs. Ms. Harrison: There were 200 kids in the senior class at Galileo but at the end of the year only 20 graduated. And I saw the hoops they have to jump through. Ms. Ruffin: We're doing a lot in the schools, but the high schools have been down on our list. And we're trying to increase services there.

Dr. Kitzes: You've been at Galileo there since 1974. Could you talk about the problems you've seen in the last five years. This is a different world now.

Ms. Louie: We see a lot more pressures of varying types in young people. With regard to the Asian community, we have seen many more children of refugees. Specifically their parents have witnessed many traumas or are survivors of war. Parents have tried to maintain some hope that life will be better here if not for themselves then for their children. But then they come here and face a whole host of issues, and many of the parents become incapacitated, and the children experience a lot of depression and rage.

Dr. Kitzes: In the case of the children of holocaust survivors, kids grow up in households where they can't express emotion, because it will trigger their parents' PTSD. Is that similar to how some of your clients respond?

Ms. Louie: Yes, we do see more constricted emotion and underlying anger. With the kids in general, we see a lot more of the rage, depression, and suicidal thinking.

Mr. Agar: Good to see you again, Wilma. I was at your Center for a site visit last year. Could you tell us your units of service for the past year? Ms. Louie: 20,000

Mr. Agar: Are most of your referrals coming through Access? Ms. Louie: Only a very small number. Most of our clients come through the community. We get many referrals from families, neighbors, and other providers.

Mr. Agar: You said you try not to close your center to admissions. How hard is it to meet the needs of Access? What about the unmet needs of Asians? Ms. Louie: Access does have problems referring Asians. Ms. Ruffin: We're holding our own, but it's a balancing act. Between the calls that come into Access and the people who walk into Wilma's clinic, it's a little tight, but we are holding our own for Asian clients.

Part of the reason we ask clinics to not keep waiting lists, is to narrow the gap on unmet needs. We are asking clinics to triage patients as they come in and get services to the critical clients right away and schedule appointments for the others. We have our central Access, but any client can enter through any clinic.

Mr. Kalman: Do you take patients with dual diagnosis? Ms. Louie: Yes, we do.

Mr. Kalman: I'd like to commend you. I see very few Asians who are homeless and out on the streets. Is that because families are more supportive? What is the explanation?

Ms. Louie: The substance abuse issue among Asians is growing. The homelessness we don't see as much, often times there still are family members who will try to protect people and will offer them a living situation.

Ms. Leung: When I do discharge planning in the hospital, different brothers or sisters give the client money to make sure the person has a place to live. Mr. Shipley: I used to be a peer counselor on 7C, with the Asian population. I was surprised at how many family members came to visit and would bring their dinner. Ms. Leung: Sometimes we have to limit the number of family members, sometimes they come ten at a time.

Ms. Brooke: When we did the homeless count last year, we were told that in Chinatown there are still lots more very low rent rooms, SRO's, and in-law apartments.

Could you share more of the special issues that the Asian population experiences? I read that there is an increased stigma. I met with Philip Tsui yesterday at Richmond Area Multiservices, and he said there was an increase in elder abuse by children. He said one problem is that if police officer comes to the door, the child may be the only one who can speak English and says, "No problem. Mom is just upset."

Ms. Louie: Because of the sense of shame associated with mental illness, stigma is fairly strong in the Asian community. It causes people to not want to seek help. In the Asian culture there is very much an emphasis on face.

Ms. Leung: People believe that things like mental illness happen because the ancestor has done something wrong. It started from there. This is true even if somebody is mentally retarded. I remember when I was raised in Hong Kong, there were not as many mentally retarded people on the street. They keep the mentally ill at home, instead of taking them out to doctors or to programs. They think it's due to a spirit and it will eventually go away.

I had a friend whose mother had a break in her 40's. Her brother had schizophrenia. The mother said she had her break because she slept in her brother's bed on a visit. As if his schizophrenia was contagious like the flu.

Ms. Louie: People believe the illness develops because there has been a transgression that happened long ago. People feel a great deal of responsibility or guilt. Parents often feel they are to blame.

Ms. Leung: There is a very strong pressure for the children to accommodate the needs of their parents. Children do a lot for their parents in immigrant families, so they are under a lot of pressure and parents feel guilt for this.

Ms. Louie: That's why we find we have to work with the families, to help them deal with stigma, so they can get help. We have to help people understand that severe mental illness is an illness, that it's nobody's fault, and that people can get better.

In terms of the issues people come in with, many of the immigrant population are experiencing the losses that go with relocation, and are wrestling with the traumas of war, the loss of family members, or being tortured.

Coming here, they find another whole set of pressures, including language and cultural differences, and housing, financial, and job challenges. People may come from rural areas and don't have marketable urban skills. They have kids who assimilate a lot faster, and that can cause tension in the family, like in the area of dating. There are role reversals between husband and wife or children and parents. Children, because they learn English faster, become the leaders of the family. But the parents come from patriarchal tradition, so they experience a loss of role, self-esteem, and identity.

As we see more depression we see more anger, and that can show up as violence. We see more domestic violence, and that includes elder abuse.

Ms. Traveler: I think the emphasis on adolescents is so important and you are to be commended, because we know adolescence is the most difficult time growing up.

Mr. Agar: In our continuing advocacy for your excellent work, how might we serve you? What areas of need can you identify for us to support you?

Ms. Louie: We feel we could do a whole lot more as a system in terms of adolescent services. And we could do a lot more for the African American population and I'd be willing to talk with Lora and Pat about that. Whatever support you can offer in terms of housing for clients would be greatly appreciated. Especially for the monolingual population in regard to Board and Care homes and independent living situations.

In the years I have been at Chinatown/North Beach, we've had a very low staff turn over, but in the past year we've had a high turn over. We've had 11 staff leave. Some retired. Some are moving. Some are feeling stressed out. Any help you can offer in terms of expediting and streamlining the Civil Service system in terms of getting new staff would be great. It would be great to be able to hire the next staff before the former staff leaves, so they can overlap.

Dr. Kitzes: Is this loss of staff a crisis?

Ms. Louie: It's been very hard; it's a struggle. We try to be creative and flexible, but there is a limit as to how much you can do in a day and still do quality work.

Ms. Leung: My experience is that the Chinatown/North Beach staff are always friendly, and are known in the community for being very professional.

4.0 DIRECTORS REPORTS

4.1 Report of the Director of Community Mental Health Services

Ms. Ruffin: I wanted to talk a bit about where a program like Chinatown/North Beach fits into our System of Care. Wilma's clinic is an ISC, an integrated service center. ISC's incorporate outpatient, case management, and day treatment. We have four of them: Chinatown/North Beach Mental Health Services, OMI Family Center, South of Market Mental Health Clinic, and Mission Mental Health.

Around the issue of Asian Focus and African American Focus, we inherited some programs created 20-25 years ago. Back then we had a series of grants from the federal government to create sites. Chinatown/North Beach became the Asian focus. Westside became the focus for African American clients. Southeast Mental Health also had an African American focus. Mission had a Latino focus.

Chinatown/North Beach is the only ISC which is providing treatment for adolescents in the schools, in addition to adults and seniors. The other ISC's don't serve the schools. We are working on integrating our range of services and making sure we don't have gaps at the high schools.

We are trying to get people to enter the system early on instead of waiting until a problem becomes a crisis.

In terms of staff recruitment, this is a major problem throughout the State of California. Unfortunately the enrollments in clinical training programs at colleges and universities are down. There are a number of initiatives going on to respond to this situation.

We are working at recruiting to close gaps in our system. Civil Service has never allowed us to hire a person to fill a position until the person in the position has left. We try to bridge the gap by giving people compensatory time. Our contracted programs can be more flexible. It's one reason a lot of our new programs are contracted, because they have more flexibility.

The reason I mention it is that some of the new Supervisors became somewhat upset during the budget process this year about the way some departments had developed some flexibility in civil service and the budget process. We're trying to help the Supervisors see what the departments are trying to do. It's a mutual education process. Perhaps you can help with this since you are appointed by the Supervisors.

I wanted to let you know what's going on in terms of the disaster issues, and how we've responded this week. When the disaster began to be known on Tuesday morning, the City went to a disaster basis, activated the Office of Emergency Services, and activated our disaster plan. Initially there was confusion, because of the decision to secure Civic Center buildings. Certain buildings were closed, but mental health services stayed open. The CMHS Adminstration building at1380 Howard stayed open and all of the clinics, with a few exceptions.

During a disaster, CMHS are part of the disaster plan for the City. When an emergency situation is called, we create our command structure here. Barbara Garcia was our incident commander, and created a command post at 101 Grove. What the group does is make decisions about responding to emergencies. Anne Kronenberg is the disaster coordinator and acts for Mitch Katz when he was out of town.

Two mental health sites were closed by the landlords of the buildings. One was close to Civic Center. We made a decision to close the Chinatown Child Development Center, because it's close to the Transamerica Pyramid. Staff from closed clinics were deployed to other centers or to the child crisis team. We responded to a number of requests for individual counseling. A request came to us from the Marriott Hotel for crisis counseling and debriefing for people from New York who were not being able to get through to find out about family. Mobile Crisis went there providing handouts, information, and one-on-one sessions. They were there for several hours, then the Red Cross came in and relieved our team.

Child Crisis responded to one of the high schools, which has a very large Arab student population. There was a lot of concern on the part of the administration and students over fears of racial or cultural violence or threats. Child Crisis worked with them yesterday and today.

Today we were doing consultation in three high schools at the request of the school principals. We're also going to do coordinating with the Arab Cultural Center which has counseling available. A number of their providers are in our provider network.

By tomorrow, we will hope to have packets out to all our programs that will have materials aimed at children, adolescents, and families on how to do crisis debriefing.

We also had requests from the state office building directors who have a number of employees who are afraid to come back to work, and we'll be doing some crisis counseling with them.

We are very concerned about doing intervention and de-escalation of any racial conflicts. We're trying to help people respond appropriately. We'll be trying to work on materials for the media. We've been doing daily briefings here at 1380 Howard at noon each day to keep communications open.

Dr. Kitzes: It's extremely impressive the response you were able to put together in such a short time. It's amazing, responding to the crisis and being proactive, too.

Ms. Ruffin: Thank you. I'm really, really proud of the staff. We know from some of the calls and emergencies we've responded to that the feelings people are going through will escalate over the next several weeks, and the effects of this incident are bound to go on longer than former incidents.

Ms. Traveler: This is just fantastic to hear. Since the event, some of my Buddhist friends and small children are still very upset. How are you informing the school district to let them know about the escalation of services?

Ms. Ruffin: The schools, I'm pleased to say, have called us. We've worked over the years to let them know we can be partners in crisis situations. We had scheduled a conference with child care providers for this morning. We decided not to cancel it, but to focus on crisis issues.

Ms. Ruffin continued her report as follows:

Budget Updates

The City and County budget for 2001/2002 has been adopted. The approved budget includes funding for a two percent salary COLA for non-profit contract agencies and a handful of one-time add-backs. These one-time add-backs are primarily to continue programs funded with FY00-01 one-time add-back dollars; however, the Department did receive funding to start some small initiatives.

The Mayor added $200,000 for a new project in Children's Mental Health to offer consultation to primary care doctors when the client has mental health issue. The Board of Supervisors added one-year funding for two new initiatives outlined in the People's Budget: $100,000 for "Job Training for the Mentally Ill" and $100,000 for "Drop-In Clinic for Mental Health." Jo Ruffin will oversee a process for assuring input in the design of these projects. The Board continued funding for Mental Health services from last year for Family Links, formerly known as the Parent Talk Line ($100,000), Richmond Area Multi-Services ($140,000) and New Leaf ($75,000).

Contractor Health Coverage

San Francisco passed an ordinance that requires contractors to provide health insurance with a minimum benefit package for employees. There were dollars put aside to assist non-profit agencies to meet these extra costs, if in fact the agency did not carry the required benefit package. We will be asking our non-profit contractors to review their current coverages against the new requirements and to let us know if there are new costs in meeting the minimum standards.

Mental Health Forum

The Mental Health Forum is reviewing data on case management linkage and waits for residential placements in order to identify recommendations to improve our system and reduce institutional use.

SPR Programs

During 1997, Community Mental Health Services initiated the implementation of three Single Point of Responsibility (SPR) programs to serve high cost mental health consumers with severe mental illnesses. The primary goals of these programs were to improve consumer outcomes and reduce overall costs through utilizing assertive community treatment (ACT) program approaches, capitated rates, and a unique partnership between CMHS and each program (through the contractual/ program performance agreements).

As a result, six SPR teams were developed through two contracting agencies and one City and County civil service program: Westside Community Mental Health Services (Westside SPR); University of California at San Francisco, Department of Psychiatry (UC Adelante, UC Crosscurrents, UC Kujichagulia [previously providing services through San Francisco General Hospital]); and Mission ACT, formerly Mission Day Treatment (Mission X [Blue], Mission Y [Red]). In 1998, Davis Y. Ja and Associates, Inc. was contracted by CMHS to assess the effectiveness of the three SPR programs. The previous evaluation report based on the first two years of follow-up confirmed what other studies of such programs had shown--that ACT services break even financially in spite of higher input service cost, while allowing clients to have less time in locked 24-hour care.

The most recent evaluation report has just been completed and these 3-year follow-up findings are beginning to show cost savings, with ACT clients significantly lower in total overall mental health service cost in the latter months of the third year after adjusting for baseline differences between the groups. In addition, days in locked 24-hour care and use of emergency services both continue to show steady reductions. A final report on four year follow-up data will be completed this Fall.

4.2 Report from the Executive Director of the Mental Health Board
Ms. Brooke: On September 6th, we met with the police officers who went through the first Police Crisis Intervention Training in May to find out how useful the training was. They said that it was very useful and they had very good suggestions for the future. The next training will be held October 1st-4th.

I want to congratulate Ted Stinson who is getting married next month. He'll be honeymooning the second week of October, so he'll miss our meeting.

Ms. Harrison: Is there any arrangement about the police getting a crisis person trained in crisis intervention involved when they are called out to an incident like the one at Glide Church where they killed the man who was going to jump off the second floor fire escape?

Ms. Brooke: We're working on getting funding and resources to build up psych liaison teams to work with the police department to respond on these kinds of crises.

Ms. Harrison: I would like the cops to have this as part of their protocol, to call back in for someone with training and experience in handling psychiatric crises. As savvy as we are about so many things, this needless dying still happens.

Ms. Brooke: In a lot of other cities, they have teams coordinated between the police and mental health. We're also advocating for 24 hour mobile crisis. Even with the training, police officers are not becoming mental health workers.

Ms. Ruffin: It is through that incident and the PCIT that Chief Lau has sent me a letter to talk about other possibilities for CMHS and the Police Department to work together. It's remarkable that they are asking for the meeting. I attribute this directly to the training.

Mr. Agar: And to Helynna's ground work to make the training happen.

Ms. Brooke: The other thing that has come out of this, is that the police are re-evaluating two parts of their procedures. They're working with dispatch on how they take in calls, get enough information, and then put out clear and complete messages to the responding officers. The Police Academy is looking at re-doing their training. They are seeing that officers are not arriving at these crisis situations with enough of a plan. They need more training on how to plan the steps.

They are also starting to teach duck and cover strategies as an alternative to command and control. They've done studies that show that if an officer will take cover for just 15-30 seconds to assess a situation, they are then much more effective in the decisions they make.

5.0 MENTAL HEALTH BOARD COMMITTEES

5.1 Report of the Chair of the Board and Executive Committee

Mr. Shipley announced the release of the report by the Surgeon General's Report on Mental Health: Culture Race, and Ethnicity. Copies were distributed to Board members.

5.1.a

RESOLUTION (MHB-2001-27)
HONORING SUPERVISOR SOPHIE MAXWELL
Be it resolved that the Mental Health Board of San Francisco presents the following award to Supervisor Sophie Maxwell:

The Mental Health Board of San Francisco
Presents our Congratulations to

Supervisor Sophie Maxwell

For being honored by the Commission on the Status of Women
as the recipient of their President's Award for 2001.

And we offer your our gratitude
for your ongoing support for public mental health services,
for your efforts to have more programs located in the
communities they serve, and
for your commitment to treating every person,
especially those most in need, with dignity and respect.

(Passed unanimously.)

5.2 Children's Committee

No report

5.3. Cultural Competency and Special Populations

5.3.a

RESOLUTION (MHB-2001-28):
COMMENDATION TO THE HEALTH DEPARTMENT FOR PROVIDING CULTURAL AND LINGUISTIC COMPETENCY

WHEREAS, the City and San Francisco has a very diverse population, including many immigrants, and

WHEREAS, the clients of the Department of Public Health reflect this diversity, and

WHEREAS, quality care requires cultural and linguistic competency on the part of Department employees, and

WHEREAS, the Department makes it possible to designate language requirements for specific positions, and

WHEREAS, the Department encourages cultural and linguistic competency with a program of waivers and special compensation, and

WHEREAS, the Department has a program of language testing to assure the quality of language abilities of employees seeking such waivers and compensation, and

WHEREAS, the Department also encourages cultural competency by offering waivers for African American Health Specialists and for Gay Health Specialists, now, therefore,

BE IT RESOLVED, that the Mental Health Board of San Francisco commends the Department of Public Health for its continuing efforts to provide cultural and linguistic competency in the services it provides for the people of San Francisco.

(Passed unanimously.)

5.3.b

RESOLUTION (MHB-2001-29)
COMMENDATION TO THE BOARD OF SUPERVISORS FOR INCREASING ACCESS TO SERVICES FOR LIMITED ENGLISH SPEAKERS

WHEREAS, the Board of Supervisors of the City and San Francisco has passed and the Mayor has signed on June 15, 2001, Ordinance No. 126-01, with regard to increasing access to services for limited English speakers, and

WHEREAS, Ordinance No. 126-01 states:

> **"The Board of Supervisors hereby finds and declares that substantial numbers of persons who live, work, and pay taxes in San Francisco are unable to communicate effectively with city departments because their primary language is not English. The Board further finds and declares that city employees are frequently unable to communicate with persons requiring their services because of this language barrier. Consequently, substantial numbers of San Franciscans may be denied rights, benefits, and services to which they are entitled.**
>
> **"This Ordinance makes it the policy of the City and County of San Francisco to provide equal access to city services to all San Franciscans, including those with limited proficiency in English. This Ordinance also implements and supplements California's Dymally-Alatorre Bilingual Services Act, Government Code §7290 et. seq., which requires state and local public agencies serving a substantial number of limited English-speaking people to provide services and materials in the language(s) spoken by those persons."**

and,

WHEREAS, Ordinance 126-01 and subsequent Ordinance 128-01 mandate city departments to take a comprehensive set of specific actions to implement the intent of the policy in the Ordinance, now, therefore,

BE IT RESOLVED, that the San Francisco Mental Health Board thanks and commends the Board of Supervisors and the Mayor for providing strong leadership, both moral and practical, in continuing to develop a culturally and linguistically competent system of services in San Francisco.

(Passed unanimously.)

5.3.c
With regard to the proposed resolution in item 5.3.c, Ms. Traveler requested that after the phrase "foreign nationals," that the phrase "African Americans who are health care professionals" also be included for expedited work permits and visas.

This proposed resolution was then sent back to the committee for further discussion and amendment.

5.4 Program and Services
Mr. Shipley announced the completion of the new Program Review Handbook and distributed copies to the members of the Board.

5.5 State Liaison
Mr. Shipley: Along with following AB 1421, we're watching other state legislation. AB 1424 (Thomson) has passed the Assembly and Senate. It changes some LPS statutes and outpatient commitment statutes. It also calls for training, but the appropriation to pay

for the training was withdrawn from the bill. At first the bill was supported by California Mental Health Directors Association. But once the training appropriation was withdrawn, the CMHDA withdrew its support.

Ms. Brooke: I wanted to give a heartfelt thank you to John Dorsey for taking over as security guard tonight at a moment's notice.

6.0 PUBLIC COMMENT

Mr. Kalman: The Board of Supervisors reacted against a number of so called special assistants. The impression of the public and Board is that most of the special assistants are not necessary. Every department was asked to bring a list of the number of special assistants. We may reach a crisis because we don't have enough professionals to meet the needs. My impression is that the most important issue is housing. Treasure Island has lots of housing. Why can't the Board ask for a hundred units on Treasure Island at affordable prices for professionals?

Ms. Ruffin: We've put our energies into working on housing for our clients, and haven't put together any proposal for our clinicians.

Mr. Dorsey: I served on the original Headquarters Staff of the United States Airforce Academy. I was there for the first two graduating classes in 1959 and 1960. I was highly trained in responding to nuclear disasters and natural disasters. This was before the time of the fanatics. The events of the last two days have made me think so much of the airmen who will be fighting for us.

Rick Nizardini, the mental health services coordinator from Glide Memorial Church, introduced himself.

There being no further business, the meeting was adjourned at 8:45 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, October 10, 2001
1380 Howard, Room 537
6:30 p.m.

AGENDA

Public comments will be taken for each agenda item.

1.0 CALL TO ORDER AND CONSENT CALENDAR (10 minutes)

For discussion and proposed action

1.1 Call to Order and Announcements from the Chair

1.2 Consent Calendar (Attachment A)

1.2.a PROPOSED ACTION: Resolution that the Board approve the minutes of the MHB meeting on September 12, 2001.

1.2.b PROPOSED ACTION: Resolution approving leaves of absence for the MHB meeting on October 10, 2001: Bridgett Brown, Peggy Gilleran, Chet Villalba, Ted Stinson.

2.0 PRESENTATION: LINDA VELASQUEZ, DIRECTOR OF TRANSITIONAL YOUTH SERVICES (50 minutes)

Ms. Velásquez will talk about specialized programs and treatment for young people moving from children's services to adult services.

3.0 DIRECTORS REPORTS (30 minutes)

For discussion

3.1 Report from the Director of Community Mental Health Services
A report on the activities and operations of Community Mental Health Services, including budget, planning, policy, and programs and services.

3.2 Report from the Executive Director of the Mental Health Board
A report including updates and announcements regarding the activities and operations of the Board.

4.0 MENTAL HEALTH BOARD COMMITTEES (20 minutes)

For discussion and proposed action

4.1 Report of the Chair of the Board and Executive Committee

The chair will report discussions and actions of Executive Committee.

4.2 Children's Committee

No report

4.3 Cultural Competency & Special Populations Committee

No report

4.4 Program and Services Committee

No report

4.5 State Liaison

A report on developments regarding mental health services, policy, and funding at the state level, including the California legislature, the State Department of Mental Health, and other statewide advocacy or policy organizations.

5.0 PUBLIC COMMENT (10 minutes)

This is an opportunity for members of the public to address the Mental Health Board on items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board. Additionally, public comments will be taken for each agenda item.

This agenda and all attachments can be viewed at: www.ci.sf.ca.us/mental_health. Attachments are also available at the Mental Health Board Office, 1380 Howard Street, Suite 510, telephone 255-3474.

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Sunshine Ordinance Task Force
City Hall, Room 244
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San Francisco, CA 94102-4689
Telephone: (415)554-7724
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E-mail: Donna_Hall@ci.sf.ca.us

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MENTAL HEALTH BOARD
ATTACHMENT A
October 10, 2001

CONSENT CALENDAR

All items on the Consent Calendar are handled through a single vote. There will be no discussion unless a member requests it, in which case the item will be removed from Consent Calendar and discussed. Additional names may be added to the leave of absence resolution during the meeting.

1.2.a **PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of September 12, 2001, be approved as submitted.**

1.2.b **PROPOSED RESOLUTION: Be it resolved that the Mental Health Board grants leaves of absence for the meeting of October 10, 2001, to the following members: Bridgett Brown, Peggy Gilleran, Ted Stinson, Chet Villalba.**

DPH

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UNADOPTED MINUTES

Mental Health Board
Wednesday, October 10, 2001
1380 Howard Street, Room 537
San Francisco, CA 94103
6:30 p.m.

BOARD MEMBERS PRESENT: Jim Beauford, Ph.D. (Chair); April Martin Chartrand; Pat Harrison; Alex Kitzes, Ph.D.; Mickey Shipley; Lora Traveler; Kate Walker.

BOARD MEMBERS ON LEAVE: Tim Agar; Bridgett Brown; Peggy Gilleran, J.D.; Andrea Leung, L.C.S.W., A.C.S.W.; Ted Stinson; Chet Villalba; Dennis Yun.

BOARD MEMBERS ABSENT: none.

PRESENTERS:
Linda Velásquez, Director, Transitional Youth Services

OTHERS PRESENT: Jo Ruffin (CMHS Director); Blanche Korfmacher (CMHS); Edwin Batongbacal (CMHS); John Dorsey; Helynna Brooke (MHB Executive Director); Rich Snowdon (MHB Administrator)

1.0 CALL TO ORDER AND CONSENT CALENDAR

The meeting was called to order at 6:45 p.m. by Jim Beauford, Acting Chair.

PLEASE NOTE: A quorum was not present at any time during the meeting, therefore no action items were voted on.

Dr. Beauford: It's good to be back. I want to thank Mickey for taking over as Chair, and for doing a fantastic job.

Tonight we are missing seven members of the Board. Bridgett has a class, Peggy is still in Washington, Chet is still in Chicago, Andrea has an exam, Tim is in Minnesota, Dennis sprained his ankle, and Ted is on his honeymoon. So we won't have a quorum tonight, and won't be able to approve any action items.

Wellness and Recovery Task Force
(part of the CMHS Director's Report taken early)

Mr. Batongbacal: The reason why Blanche and I are here is that we wanted to update you about a planning initiative that is about to take place in Community Mental Health Services (CMHS). We're taking a look at the recovery perspective, which for the last ten years has been a different way of viewing mental illness. The perspective is that people with mental illness can recover from it and get well. In San Francisco, we are developing recommendations on how to incorporate this process into our system of care. We wanted a range of stakeholders to have input into this. We're inviting representatives of groups to have seats on the Wellness & Recovery Task Force. We also want to invite the Mental Health Board to have a designated seat on the Task Force. And we'd like to invite any of you to consider being part of the Task Force as individuals also.

Ms. Korfmacher: The Task Force hopefully will come up with guidelines and recommendations for integrating recovery and wellness principles into the whole system of care. Then Linda Wang and Jo Ruffin will review them. We wanted the input of the Mental Health Board, because of how influential you've been in changes in our system.

Mr. Batongbacal: One of the end objectives is not just to create a set of recommendations, but also that thoughtful conversations and discussions get initiated throughout the system.

Initially, we're thinking of meeting once a month. We want to structure the discussion carefully to make good use of the time. There will be presentations and brainstorming.

Ms. Korfmacher: We also have a consultant who can help us with information about what other counties are doing so we don't have to reinvent the wheel.

Ms. Ruffin: Are you thinking of a day meeting or night meeting?

Ms. Korfmacher: We'd be interested in any feedback on that.

Dr. Beauford: Early evening meetings are probably best. Do you have a roll out date for when this would begin?

Ms. Korfmacher: We'd start in November and we'd wrap it up by June 2002.

Ms. Traveler: Am I right in saying the recovery principles will be centered around the adult who has been ill for a long time?

Ms. Korfmacher: It's for anyone, but we are focusing on adult services.

Ms. Traveler: I'm thinking of a client who has been ill and taking medications for 30-35 years, and the problems seem to mount with aging, and with drastic changes in medications, or with medical doctors being unwilling to work closely with mental health programs.

Ms. Korfmacher: That's one of the system challenges we deal with regularly.

Mr. Batongbacal: Every person is unique and the challenge is to create the best conditions for each individual to be able to recover.

Ms. Korfmacher: We will be partnering with the individual to determine the best treatment. Some people get worried when we talk about recovery, that it means people would not be taking medications anymore. But that's not the case, people may still be taking medications.

Dr. Beauford: Would you be open to receiving written information from anyone who is not able to attend the meetings?

Ms. Korfmacher: Yes. And we can be reached by e-mail if you want:

Blanche_Korfmacher@dph.sf.ca.us
Edwin_Batonbacal@dph.sf.ca.us

3.0 PRESENTATION: Linda Velásquez, Director, Transitional Youth Services (TYS)
Ms. Velásquez began her presentation as follows: In 1995, we began to implement Managed Care. I was brought in by Jo Ruffin to help with that transition. What we began to find was that there were a number of youth who were being repeatedly hospitalized. I began to track them. We found a pattern of many of them being in Children's Services, but when they got older they never connected with Adult Services, and instead they started showing up in emergency services.

We also had youth who were placed out of the county returning to San Francisco. And there were a number of them coming through the jail.

We also saw a large number of African American clients in Children's Services, but then a much lower number in Adult Services. The same was true for Latinos.

Ms. Velásquez then presented slides on the Transitional Youth Services as follows:

INTRODUCTION
San Francisco's Community Mental Health Services is developing a system of care to facilitate the transition of older youth and young adults with serious problems to a more productive adulthood.

These problems include emotional, behavioral and/or mental health, and substance abuse issues.

The goal of CMHS-Transitional Youth Services is to bridge the gap between the homeless or disenfranchised youth in San Francisco and those youth who are served by Child or Adult sServices.

A comprehensive strategy is being developed to address the specialized needs of this population at all levels of care.

GOALS

To ease the shift from family home or highly-structured youth programs to independent living.

To better prepare our youth to enter the adult world.

To support youth in as normalized a setting as possible.

To help youth achieve their educational and vocational aspirations.

TRANSITIONAL YOUTH COMMITTEE & CASE CONFERENCE

The Director chairs a weekly Transitional Youth Case Conference to review referrals of high-risk transitional youth to services. Representatives come from the following:

- Children's Services
- Adult Services
- Residential programs
- Primary Care
- Jail Health Services
- Community Substance Abuse Services
- Dept. of Human Services
- Vocational Education
- Special Education
- Dept. of Rehabilitation

The Committee reviews high-risk cases to assess the clinical picture.

The Committee determines differential diagnosis and looks at addressing the clinical and systemic barriers facing the young person.

Approval for residential treatment at Crossroads is made if appropriate.

A Transitional Youth Specialist coordinates follow-up meetings that include the youth.

ATransitional Youth plan is developed.

A System-wide plan is also developed if indicated.

PURPOSE

The purpose of TYS is to set up a system of care, not only for youth transitioning from Children's Services to Adult Services, but also for transitional youth across the Dept. of Public Health, in order to provide an integrated delivery system and a continuum of care.

TYS supports are community-based, comprehensive and coordinated, requiring collaborative efforts of providers within the Children's and Adult Systems, as well as community providers and agencies.

The purpose of TYS is to develop a comprehensive and integrated system of care to help youth clients make a successful transition to adulthood. Youth with serious emotional disturbance need a broad array of supports.

This includes:
- Mental health treatment
- Substance abuse treatment
- Case management
- Housing
- Educational
- Vocational training
- Employment
- Consultation

SERVICES
TYS provides specialized services.

Service Criteria:
- Youth placed in Level 12-14 residential placement or locked care (age 16-18):
- Youth hospitalized at least twice at age 17
- Youth who are not responding to Mental Health interventions
- Youth who have been in need of intensive case management service from Family Mosaic/CSOC
- High-risk youth from YGC
- DHS at-risk youth
- Homeless youth

Transitional Youth Services must reflect the special needs of the transitional youth population, rather than the needs of adults.

What are the best services that youth need and how should services be provided?

The goal is to NOT look at whether the client is referred from Children's or Adult System of Care, but to be client-focused.

Look at each youth referred, and determine the resources he or she needs to be successful, by focusing on the youth's strengths.

Given a youth who has never connected for Mental Health services, ensure that his or her needs are met.

Early identification, from age 16, of high-risk youth.

Transition Specialist(s) attend case conferences and IEP (Individual Education Plan) conferences for youth before age 18.

Transitional Youth Services Committee recommends authorization for acute diversion, residential treatment, or Crossroads.

The Director of TYS is a member of the Adult Care Management team, and represents TYS for the following other areas:

Children's System of Care Steering Committee
Children's QA Committee for Children at Risk
Major efforts of the Dept. of Public Health
Development of Youth Guidelines statewide (CSAP) for Alcohol and Drug Programs

PARTNERS
Community Substance Abuse Services
Dept. of Human Services' Independent Living Program
Teen Clinics
Community Vocational Enterprises (CVE)
Primary Care
Jail Health
Dept. of Public Health — Housing
Larkin Street Youth Center — Lark Inn
Seneca Residential
Dept. of Rehabilitation — School to Careers
Progress Foundation
Conard House Programs

INFORMAL PARTNERS
Guerrero House
Edgewood — Therapeutic Behavioral Services (TBS)

THE FUTURE
Goals for the future include:

Developing a database
TYS Advisory Committee
Mentors and the Peer Intern's role
Vouchers for youth
Residential/Dual Diagnosis
Day programs
Resources Web site
Incentives for youth
Training
Prioritizing
Permanent housing

Ms. Harrison: You stated that one of your concerns is that kids don't fall through the cracks. But do you just start dealing with them at age 16? And what cracks are they falling through?

Ms. Ruffin: TYS started by discovering that a bunch of kids who had received extensive services in Children's Services weren't making it through to the Adult Services. The key thing is not to keep people in our system forever, but to help them get the treatment they need. There were kids with extensive services in the children's system, but they didn't make the link to Adult Services, who were showing up in emergency services.

But then clinicians were having to start over with them. We want to identify high risk kids who will need adult services. But there are other kids whose goal is not to go into the adult system.

Ms. Harrison: So we don't want them to fall through the cracks of our own system.

Ms. Velásquez: That's part of it, but also these youth don't want to be seen as part of the mental health system. Some of them prefer to be seen as having substance abuse problems instead of mental health problems. We try to help them be independent.

Dr. Kitzes: This service is absolutely critical. There's something about adolescent development, things tend to calm down toward the end of adolescence, but without the structure in place during that time things fall apart and it's absolutely tragic when that happens, because then the young people end up needing a lot of services for the rest of their life. These years are one of the most vulnerable points in a child's life.

Ms. Velásquez: Another part of this is that the first break for schizophrenia for males is often right around this time. They need something to help guide them through these years. They can get caught in between Children's Services and Adult Services.

Ninety percent of our clients have substance abuse problems. In terms of thinking about separating the mental health issues and the substance abuse issues, it's not really possible to separate them. So I started talking with Substance Abuse Services about collaborating to work with these youth.

Ms. Traveler: I was going to present a little scenario here. Here you have 7-, 8-, and 9-year-olds who are being diagnosed as ADD, so then they start them on Ritalin. What happens? They can drop out of school or they can get into 9th or 10th grade and here's this kid busy climbing the walls. The teachers are trying to figure out what to do with them. Many times there are no records to tell what's going on with the kids. What happens when he gets out on the street and gets into substance abuse? The kid decides to get himself straight, or ends up in prison. We've got to go back to when he was seven and started the Ritalin.

I can see the need for this TYS, and I want you to know we're talking about 300-400 students out of 2000 who have been started on drugs like Ritalin because adults have not been able to discipline them.

We want to get the child out of the system, we want to get them functioning. We want them to realize if they are 14-17, they are not grown up; we have to treat them differently. This is a very difficult time.

This TYS is wonderful, because you're giving these children a chance.

Ms. Velásquez: Crossroads is a residential care facility, but not in the traditional sense. The goal is to have the young people move to independent living. The length of stay is 6-18 months.

Some of the youth don't want to be on medication, so we really have to work with them where they're at. They have to make decisions for themselves. They want structure, but they don't want structure. They want rules, but they don't want rules.

Ms. Harrison: Linda, we want you to know we appreciate all the work you do. I have watched children be medicated with Ritalin till it's like they are not there anymore. Are we doing anything with children at earlier ages?

Ms. Ruffin: We do have a whole children's system of services. The children's system is trying to do a number of things to intervene with high-risk families and children, to work with them before things ever get to the level of needing Ritalin.

We have people now working with childcare centers. Not putting the children on medication, but helping children and families succeed.

Our goal here is not to create a whole new system of care for kids 16 to 24, but to get them integrated into our system of care. What Linda has done is she's identified a lot of partner agencies who are involved with these kids. She's created a meeting where everyone can come to work together to develop a plan for these kids that addresses not only their mental health needs, but their substance abuse needs, and housing needs as well.

Ms. Harrison: Do you work with Log Cabin?

Ms. Ruffin: There were kids leaving Children's Services with no place to live and no structure. So we created Crossroads out of a new residential facility. We put money into that program for extra staffing for these kids. That's the difference between Log Cabin and Crossroads. Log Cabin is in the criminal justice system, but they can refer to Crossroads.

Ms. Harrison: How do you integrate parents, grandparents, aunties, and interested community members?

Ms. Velásquez: One of the big issues is whether or not the youth are going to reunite with their families. Sometimes it doesn't work, and you have to be ready to pick up the pieces when it doesn't work.

In terms of parent involvement, sometimes the child doesn't want the parent involved.

Ms. Ruffin: We're heavily involved with parents. Remember the Family Involvement Team we have in Children's Services that works closely with parents and other guardians.

Ms. Harrison: I just feel there are some innovative things we're overlooking that we could be doing. I know all kinds of people with degrees who don't care about children. I know there are all kinds of people out there without degrees who are interested in working with kids who are not being invited in.

Dr. Beauford: Jo, you're talking about the continuity of care for these kids once they get involved in the system. Is there any kind of education you're providing to the parents of these kids, because then you'll get more parent participation?

Ms. Velásquez: I did do a presentation out at the Family Mosaic Project because the parents were concerned about what's going to happen in the future.

Ms. Traveler: Crossroads is a wonderful facility. When we went out and visited, we talked with a number of the students. It was a wonderful atmosphere. It's a program we'd like to see duplicated all around.

Mr. Shipley: How many beds do you have at Crossroads?

Ms. Velásquez: Ten.

Dr. Beauford: You talked about the partners. Are there point people at all those agencies on working with youth?

Ms. Velásquez: That's part of having the weekly meeting, to make coordination happen. We do joint problem solving.

Ms. Harrison: I think one of the greatest opportunities to getting another Crossroads established is to set up a presentation to the Treatment on Demand Council. We just got two youth on the Council. We're working on getting programs for children. You might get some more money if you come see the Council.

Ms. Ruffin: I think you've made some good suggestions tonight about creating some kind of parent council. And I think we should look into a presentation for the Treatment on Demand Council.

Ms. Harrison: The leadership of the Treatment on Demand Council would like to meet with the Executive Committee of Mental Health Board to see what things we might work on together.

3.0 DIRECTORS REPORTS

3.1 Report of the Director of Community Mental Health Services

Ms Ruffin reported as follows:

Budget Update. The Mayor's Office is projecting a deficit of approximately $80 million in the current year and $250 million in the next Fiscal Year if the economy continues at its current pace. As a result, the Mayor's Office is beginning to explore possibilities of how to decrease this shortfall in the current year, including hiring freezes on General Fund positions, and deferring the start-dates of new initiatives. By next month, CMHS should have more specific information regarding any impact on us.

We focus as much as possible on getting our funding for mental health programs from Medi-Cal, Medicare., and grants. What we try to do is have has a relatively smaller percentage of General Fund money.

State Department of Mental Health Review of the Substance Abuse and Mental Health Services Administration Grant. There will be a State review of our SAMHSA grant sometime in late October.

Integration. Barbara Garcia has initiated a Services Integration Task Force to coordinate integration efforts. The initial task is to assist in implementation of four projects this fiscal year:

1. The California Endowment Grant to integrate mental health services in a primary care setting.
2. The Mayor and Board's initiative to expand child mental health services to primary care.
3. OBOAT, a project to prescribe methadone through physicians in private practice.
4. The methadone van project which will offer methadone dosing at health center sites. Bob Cabaj, our Medical Director, is leading the OBOAT effort and working with David Ofman, Medical Director of Primary Care to implement the California Endowment project.

Laguna Honda. Key CMHS executive team members are meeting with their counterparts at Laguna Honda to identify ways to reduce acute/emergency psychiatric care for Laguna Honda patients, improve placement success for referrals from psychiatry and improve community discharge opportunities for both systems. We will continue to report to you on developments from this collaboration.

Bay Area Bed Survey. The Bay Area Mental Health Directors conducted a survey of hospital and locked skilled nursing home bed use by Mental Health Plans on July 1. The 14 counties reported using 7 hospital beds for children, 43 beds for adolescents and 595 beds for adults on that day. In this way, the Mental Health plans used 67% of the full service hospital capacity in the Bay Area in hospitals. Most counties have Crisis Residential facilities for adults but only 2 have facilities for children that help divert clients from hospitalization. It is recognized that on a given day there will be almost no hospital bed availability for Mental Health Plan clients. The group thought that July 1 was a slow day and the survey will be repeated for the day September 25. The 14 Counties have only 6 children and 180 adults in State Hospital settings

Disaster Response. CMHS has been heavily involved in responding to needs generated as a result of the September 11, 2001 terrorist incidents. The main CMHS activity has been to provide debriefings in conjunction with the EAP and trained volunteers. A special hotline was established at CMHS, 415) 252-3098, to receive calls to request debriefings. About 10 debriefings have been done; all of which had large attendance and were much appreciated. San Francisco and Los Angeles were invited by the State Department of Mental Health to submit proposals for FEMA funding for the costs of mental health services provided as a result of the incidents. The Department of Public Health has accelerated disaster preparedness activities and CMHS is participating in the training program and other activities.

Community Mental Health Services Annual Report to the Health Commission. CMHS presented the first annual report to the Health Commission on October 2, 2001. The report is attached to this Director's Report and will be presented to the MHB at the November meeting.

The Office of Cultural Competence and Consumer Relations, in collaboration with the Adult System of Care, worked with the ARF & RCFE Residential Care Administrators in the Residential Care Training Committee to host the annual continuing education (CEUs) classes. The 8-part series started on July 11th and just concluded on September 26th serving 80-125 residential care administrators and staff at each class. A total of 32 hours of CEUs were offered to assist the administrators in meeting their bi-annual 40 hours of CEUs as required by State Licensing.

Training. This year's classes included topics on Mobile Crisis Services, Common Psychiatric Problems, Medications, CAL/OSHA, IRS, Diabetes 101, Developing Activities, HIV/AIDS & TB, Food Safety, Client Interview Issues and Eat for Energy and Good Health.

A conference titled "Case Managers Working with Residential Care Providers" is scheduled for November 9, 2001, from 8:30 AM - 1:00 PM. The program will be held at the Southeast Community Facilities' Alex Pitcher Community Room located at 1800 Oakdale at Phelps. Four CEUs will be offered pending approval for the following licenses, LCSW, MFT, RN, ARF and RCFE Administrators. The cost is $15.00 for CEU's and lunch. The deadline for registration is November 2, 2001. For more information, contact Ana Ulloa at 255- 3763.

Police Crisis Intervention Training. The SF Police Department, Community Mental Health Services, Jail Psychiatric Services, the Department of Public Health and advocates, have implemented a 40-hour Police Crisis Intervention Training through a collaborative effort. This is a 40-hour training of approximately 30 police officers per session on intervening with the mentally ill. Key participants in the preparation and presentation of the training are Jo Robinson (Jail Health Services), Carolyn Kaufman (CMHS Mobile Crisis Treatment Team), Mike Arrajj (Crisis Resolution Team), Helynna Brooke (Mental Health Board), Sgt. Michael Sullivan (SFPD), and Officer Mike Cowhig (SFPD).

The first training session was held in May, 2001 and the second training was held the week of October 1, 2001. The trainings are being rigorously evaluated in terms of both the officers' own initial evaluation of each training component and then again in a 3-month follow-up in terms of how useful they have found each component in their day-to-day work. The officers' initial ratings for all the components were high for both for both the first and second sessions. The 3-month follow-up evaluation for the first session found that the ratings remained high for all the components, but also identified some areas for possible improvement.

Four additional trainings are planned for next year.

3.2 Report from the Executive Director of the Mental Health Board

Ms. Brooke: The second Police Crisis Training happened October 1-4. And it's hard to believe, but it was even more successful than the first training. We really listened to the comments of the officers in the first training and we're getting better at what we're doing.

Mickey, Kate, April, Dennis, and Marushka helped lead this second training.

Sgt. Mike Sullivan who is the lead person for the Police Department on this training got a call from an officer who had been through the training. She was very excited. She had been called to a family at ten o'clock at night who was distressed about a family member who had lost his medications, and was not doing well. She said, "First, I used all the things I learned in class, and calmed everyone down. Then I called Mobile Crisis, and they came out right away and got the medications taken care of. I was out of there in 45 minutes, instead of three hours, plus this was a much, much better experience for the family.

Congresswoman Nancy Pelosi sent awards to each of the officers graduating this time from the Training. You may have seen in the news that she was just elected as in the Majority Whip for the House of Representatives, the first woman ever to hold that position.

Supervisor Aaron Peskin was appointed to the Mental Health Board on October 4th.

4.0 MENTAL HEALTH BOARD COMMITTEES

4.1 Report of the Chair of the Board and Executive Committee

Dr. Beauford: The Executive Committee began talking about the Annual Retreat. There are a number of Board members who will be leaving in January, so we need new members as well as new leaders.

4.2 Children's Committee

Dr. Beauford: Next week, Sai-Ling Chan-Sew, Director of Children's Services, and I will meet with Deborah McKnight, the new Executive Director of Special Education for the school district. This is in preparation for a meeting with Superintendent Ackerman.

4.3. Cultural Competency and Special Populations No report

4.4 Program and Services No report.

4.5 State Liaison

Mr. Shipley: The Governor signed into law AB 1424 which is a bill by Helen Thomson which has changed the current LPS law.

5.0 PUBLIC COMMENT

No comment.

There being no further business, the meeting was adjourned at 8:27 p.m.

DPH
0.52
4/01

SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, November 14, 2001
1380 Howard, Room 537
6:30 p.m.

UPDATED AGENDA AS OF 11/8/01

Public comments will be taken for each agenda item.

1.0 CALL TO ORDER AND CONSENT CALENDAR (10 minutes)

For discussion and proposed action

1.1 Call to Order and Announcements from the Chair

1.2 Consent Calendar (Attachment A)

1.2.a PROPOSED ACTION: Resolution that the Board approve the minutes of the MHB meeting on September 12, 2001.

1.2.b PROPOSED ACTION: Resolution that the Board approve the minutes of the MHB meeting on October 10, 2001.

1.2.c PROPOSED ACTION: Resolution approving leaves of absence for the MHB meeting on October 10, 2001: Bridgett Brown, Peggy Gilleran, Chet Villalba, Ted Stinson, Tim Agar, Andrea Leung, L.C.S.W., A.C.S.W., Dennis Yun.

1.2.d PROPOSED ACTION: Resolution approving leaves of absence for the MHB meeting on November 14, 2001: Peggy Gilleran, Chet Villalba

1.2.e PROPOSED ACTION: Resolution approving presentation of special awards to: Sgt. Michael Sullivan, Charles Watson, Keith Turk, and Dr. Gary Zomalt.

2.0 PRESENTATION OF SPECIAL AWARDS

Special Commendation Award: Sergeant Michael Sullivan, ADA Coordinator, San Francisco Police Department.

Unsung Hero Award: Keith Turk, Day Porter, Building and Grounds.

Unsung Hero Award: Charles Watson, Security Guard for Department of Parking and Traffic.

Leadership Award: Dr. Gary Zomalt, Former Executive Director of Family Mosaic, and former Assistant Director of Children's Services.

3.0 PRESENTATION: JO RUFFIN, MENTAL HEALTH BUDGET ISSUES, ANNUAL REPORT (50 minutes)

There is an expectation of budget cuts in all City departments, a discussion regarding priorities of the mental health system, and review of the departments Annual Report.

4.0 DIRECTORS REPORTS (30 minutes)

For discussion

4.1 Report from the Director of Community Mental Health Services

A report on the activities and operations of Community Mental Health Services, including budget, planning, policy, and programs and services.

4.2 Report from the Executive Director of the Mental Health Board

A report including updates and announcements regarding the activities and operations of the Board.

5.0 MENTAL HEALTH BOARD COMMITTEES (20 minutes)

For discussion and proposed action

5.1 Report of the Chair of the Board and Executive Committee

The chair will report discussions and actions of Executive Committee. Discussion of expectations regarding the Board Retreat on December 1, 2001.

5.1 b PROPOSED ACTION: Resolution that the Mental Health Board send a letter to Jo Ruffin, Director, Community Mental Health Services, stating that the Board has reviewed the federal SAMHSA grant for 2001/02., inlcuding additional funding of $685,821. (ATTACHMENT B)

5.2 Children's Committee

No report

5.3 Cultural Competency & Special Populations Committee

No report

5.4 Program and Services Committee

No report

5.5 State Liaison

A report on developments regarding mental health services, policy, and funding at the state level, including the California legislature, the State Department of Mental Health, and other statewide advocacy or policy organizations.

6.0 PUBLIC COMMENT (10 minutes)

This is an opportunity for members of the public to address the Mental Health Board on items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board. Additionally, public comments will be taken for each agenda item.

This agenda and all attachments can be viewed at: www.ci.sf.ca.us/mental_health. Attachments are also available at the Mental Health Board Office, 1380 Howard Street, Suite 510, telephone 255-3474.

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) 5 days before the meeting. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in Room 537. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and the 72 Haight/Noriega. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. The main entrance to 1380 Howard is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Alley which runs on the opposite side of the building from 10th Street.

4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Donna Hall
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724

Fax: 4(15) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Ms. Hall, or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: **www.ci.sf.ca.us/sunshine.htm**

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.ci.sf.ca.us/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

ATTENTION: Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (SF Administrative Code 16.520-16.534) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact:

Ethics Commission
1390 Market Street #701
San Francisco, CA 94102
Telephone (415) 554-9510
Fax: (415) 703-0121
Website: **www.ci.sf.ca.us/ethics**

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MENTAL HEALTH BOARD
ATTACHMENT A
November 14, 2001

CONSENT CALENDAR

All items on the Consent Calendar are handled through a single vote. There will be no discussion unless a member requests it, in which case the item will be removed from Consent Calendar and discussed. Additional names may be added to the leave of absence resolution during the meeting.

1.2.a **PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of September 12, 2001, be approved as submitted.**

1.2.b **PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of October 10, 2001, be approved as submitted.**

1.2.c **PROPOSED RESOLUTION: Be it resolved that the Mental Health Board grants leaves of absence for the meeting of October 10, 2001, to the following members: Bridgett Brown, Peggy Gilleran, Ted Stinson, Chet Villalba.**

1.2.d **PROPOSED RESOLUTION: Be it resolved that the Mental Health Board grants leaves of absence for the meeting of November 14, 2001, to the following members: Peggy Gilleran, Chet Villalba.**

1.2 .e **PROPOSED RESOLUTION: Be it resolved that the Mental Health Board present the following Special Awards as follows:**

Special Commendation
Sgt. Michael Sullivan
ADA Coordinator
San Francisco Police Department

For your dedication to police officers being the best they can be.
For your compassion for the mentally-ill.
For your can-do spirit.
For personal warmth, sense humor, and the pleasure that it is working with you.
For your commitment to creating a true working partnership
between the Police Department and the Department of Public Health.

Unsung Hero Award
to Keith Turk
Day Porter, Buildings and Grounds

For being the heart and soul of 1380 Howard Street.
For knowing everybody in the building on a first name basis
and looking out for all of us with such care.
For being such a compassionate listener.
For your unfailing graciousness and depth of character.
You are a blessing in our lives!

Unsung Hero Award
to Charles Watson
Security Guard
Department of Traffic and Parking

For your unfailing kindness in working with people in serious distress
or in need of help.
For your remarkable calm in the midst of a crisis.
For your mastery of the art of human relations.
For your strong, reassuring presence day after day.
You are a blessing in our lives!

Leadership Award
to Gary Zomalt
Former Executive Director
Family Mosaic Project

You turned around the Family Mosaic Project,
a challenged organization, and then you took it soaring.
You provided a new kind of leadership that nurtures leadership in others.
You gave young people who didn't believe in themselves, the challenge of leadership,
and they answered the call.
You inspired us all with your personal charisma and dedication.
We will miss you, but are so thankful to have spent these years with you!

SAN FRANCISCO MENTAL HEALTH BOARD

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MENTAL HEALTH BOARD
ATTACHMENT B
November 14, 2001

REVIEW OF THE SAMHSA APPLICATION

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has unexpectedly given Community Mental Health Services an additional $685,821 in its grant for fiscal year 2001/02. The grant is due in on November 16th, so the turn around time is very, very short.

PROPOSED RESOLUTION

Be it resolved that the Mental Health Board send a letter to Jo Ruffin, Director, Community Mental Health Services, stating that the Board has reviewed the federal SAMHSA grant for 2001/02, inlcuding additional funding of $685,821, as follows: the Substance Abuse and Mental Health Services Administration (SAMHSA).

Dear Ms. Ruffin,

The Mental Health Board of San Francisco wishes to go on record as commending the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for providing an additional $685,821 of funding to Community Mental Health Services (CHMHS) in San Francisco for fiscal year 2001-2002.

The Board wishes to express its gratitude and appreciation to SAMHSA for focusing this funding on providing treatment services for dually-diagnosed clients. We have long believed that this is a population that needs much more attention.

This letter is to also certify that the Mental Health Board reviewed the CMHS proposal for the additional funding, including the budget, concept, and programmatic strategy of the proposal, and gave its full approval and strong support for this addition and for the full grant of $3,686,737 at its regularly scheduled meeting on Wednesday, November 14, 2001.

Sincerely,
Jim E. Beauford, Ph.D.
Chair

CALIFORNIA DEPARTMENT OF
Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-2378

cc: Michelle Riggs
Eugene Bisbey
Linda Wong
Sai Ling
Wayne Clark
Connie Rogers

October 15, 2001

SAMHSA LETTER NO.: 01-04

TO: COUNTY MENTAL HEALTH DIRECTORS
COUNTY MENTAL HEALTH PROGRAM CHIEFS
COUNTY MENTAL HEALTH ADMINISTRATORS
COUNTY MENTAL HEALTH FISCAL OFFICERS
(SAMHSA Block Grant Counties Only)

SUBJECT: STATE FISCAL YEAR 2001-02 MENTAL HEALTH ALLOCATION OF SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT FUNDS

This letter transmits the State Fiscal Year (SFY) 2001-02 Initial Allocation Worksheet (Enclosure I) for the SAMHSA, Center for Mental Health Services (CMHS), Community Mental Health Services Block Grant.

Counties are allowed to roll over unexpended funds from SFY 2000-2001. Upon settlement of SAMHSA Block Grant Cost Reports, the rollover amounts may be adjusted and a revised Allocation Worksheet issued.

Pursuant to federal law the Community Mental Health Services Block Grant must be used to provide comprehensive services to adults and older adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED), as defined in federal statutes.

Please note that the allocation amount has been increased to include an additional $8,059,000 distributed to all counties per the Cigarette and Tobacco Tax formula. This represents an increase to the amounts identified in the April 12, 2001 Planning Estimate and Renewal Application (SAMHSA Letter No. 01-02). The attached county Block Grant Allocation Worksheet identifies your county's share of this increase as part of the authorized gross expenditure level. The additional funds must be used to support existing efforts to provide integrated treatment services for adults with a dual diagnosis of serious

mental illness and substance abuse. Counties are required to submit a revised application detailing how the additional funds will be used. Refer to the Revised Application Instructions (Enclosure II).

If the need for integrated dual diagnosis treatment services has been met in your county, the funds may be utilized for other mental health service needs. In order to use the additional funds for other than dual diagnosis services, the county must submit documentation, signed by the county Mental Health Director, that certifies that the current dual diagnosis needs have been met and describes how that determination was made. If the additional funds are not used for dual diagnosis services, the county must also submit a revised application detailing how the additional funds will be used. Refer to the SAMHSA Renewal Application Instructions found in SAMHSA Letter No. 01-02.

The revised application with the required documentation and signed Enclosure I must be returned by November 16, 2001, to:

California Department of Mental Health
Planning Grants & Revenue Enhancement
1600 9th Street, Room 120
Sacramento, CA 95814

If you have any questions or would like more information, please contact Ron Bettencourt at (916) 654-4432, Linda Brophy at (916) 654-7357, or Bill Holland at (916) 653-0261 for program issues, or Teri Newby at (916) 654-3254 for fiscal issues.

Sincerely,

LINDA A. POWELL
Deputy Director
Administrative Services

Enclosure

cc: Audits
Accounting
Budgets
Planning, Grants & Revenue Enhancement

State of California
Department of Mental Health

ENCLOSURE I
Health and Human Services Agency

SAMHSA BLOCK GRANT ALLOCATION WORKSHEET

MH 1772A (9/94)

STATE FISCAL YEAR 2001-2002

FEDERAL CATALOG NO. 93.958

COUNTY SAN FRANCISCO

REVISION NUMBER 0

The State Department of Mental Health (DMH), under provisions of 42 United States Code, Sections 300x et. seq., as it read on January 1, 1992, and as amended by P. L. 106-310, and the State Budget Act of 2001 (Chapter 106, Statutes of 2001), is authorized to allocate the mental health portion of the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant funds to counties for State Fiscal Year (SFY) 2001-2002. Please note that these allocation amounts are subject to further adjustments, as amounts are identified, which include, but are not limited to, Gramm-Rudman reductions, prior years' audit recoveries, retained unexpended amounts, etc. Your allocation is identified below.

I. GROSS EXPENDITURE LEVEL		
A. SAMHSA Block Grant Funding Base		$1,939,394
B. Dual Diagnosis Set-Aside		$685,821
C. Youth Development & Crime Prevention		$75,522
D. Older Adult System of Care		$985,000
E. SFY 2000-01 County Rollover Funds		$0
F. Total Authorized Gross Expenditure Level		$3,685,737
II. REIMBURSEMENT ADJUSTMENT(S)		
A. SFY 2000-01 County Rollover Fund	< $0 >	
B.		
C. Total Adjustments		< $0 >
III. NET ALLOCATION REIMBURSABLE		$3,685,737

PURPOSE: Initial Allocation

DATE: September 7, 2001

I, the undersigned, have accepted the Federal SAMHSA Block Grant funds for the county under those conditions established by governing federal and state laws, policies, regulations, and guidelines as well as the specific conditions included in the County Application.

County Mental Health Director

Date

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES
Mental Health Board

Wednesday, November 14, 2001
1380 Howard Street, Room 537
San Francisco, CA 94103
6:30 p.m.

BOARD MEMBERS PRESENT: Mickey Shipley (Acting Chair); Tim Agar; Bridgett Brown; April Martin Chartrand; Alex Kitzes, Ph.D.; Andrea Leung, L.C.S.W., A.C.S.W.; Ted Stinson; Lora Traveler; Dennis Yun.

BOARD MEMBERS ON LEAVE: Jim Beauford, Ph.D. (Chair);Peggy Gilleran, J.D.; Chet Villalba; Kate Walker.

BOARD MEMBERS ABSENT: Pat Harrison.

PRESENTERS: Louise Rogers (CMHS); Bill McConnell (CMHS)

OTHERS PRESENT: Jo Ruffin (CMHS Director); John Dorsey; Rick Nizzardini; Emeric Kalman; Helynna Brooke (MHB Executive Director); Rich Snowdon (MHB Administrator)

1.0 CALL TO ORDER AND CONSENT CALENDAR

The meeting was called to order at 6:47 p.m. by Mickey Shipley, Acting Chair. Mr. Shipley announced that Dr. Jim Beauford was recovering from oral surgery and would not be attending the meeting.

1.2.a **RESOLUTION (MHB-2001-30): Be it resolved that the minutes of the Mental Health Board meeting of September 12, 2001, be approved as submitted. (Passed unanimously.)**

1.2.b **RESOLUTION (MHB-2001-31): Be it resolved that the minutes of the Mental Health Board meeting of October 10, 2001, be approved as submitted. (Passed unanimously.)**

1.2.c **RESOLUTION (MHB-2001-32): Be it resolved that the Mental Health Board grants leaves of absence for the meeting of October 10, 2001, to the following members: Bridgett Brown, Peggy Gilleran, Ted Stinson, Chet Villalba. (Passed unanimously.)**

1.2.d **RESOLUTION (MHB-2001-33): Be it resolved that the Mental Health Board grants leaves of absence for the meeting of November 14, 2001, to the following members: Jim Beauford, Peggy Gilleran, Chet Villalba, Kate Walker. (Passed unanimously.)**

1.2 .e **RESOLUTION (MHB-2001-34): Be it resolved that the Mental Health Board present Special Awards to: Sgt. Michael Sullivan, Charles Watson, Keith Turk, and Dr. Gary Zomalt. (Passed unanimously.)**

2.0 PRESENTATION OF SPECIAL AWARDS

Ms. Brooke: Sgt. Michael Sullivan is the officer from the Police Department who was in charge of the Police Crisis Intervention Training. We were very fortunate in receiving the gift of being able to work with him on this project. He was always very positive about the training and very creative about all the organizing that had to be done. He got officers excited about coming. He put many hours of work into creating the training, he taught at the training, and he did this while still carrying out all his duties as ADA Coordinator for the Police Department.

Deputy Chief Mindy Pengel from the San Francisco Police Department is here with us tonight to help us honor Sgt. Sullivan.

This award, and the subsequent awards, were presented by Mickey Shipley, Acting Chair of the Board:

Special Commendation
Sgt. Michael Sullivan
ADA Coordinator
San Francisco Police Department

For your dedication to police officers being the best they can be.
For your compassion for the mentally-ill.
For your can-do spirit.
For personal warmth, sense humor, and the pleasure that it is working with you.
For your commitment to creating a true working partnership
between the Police Department and the Department of Public Health.

Sgt. Sullivan: This is very nice. I appreciate all your support and your help. All of you made it very easy to do the training. It was a good effort by everyone. I want to thank Marion, my wife, who's here with me tonight for listening to me rant and rave sometimes. I also want to thank Mindy who is responsible for appointing me as ADA Coordinator.

Ms. Brooke: Board members have spoken to me about your special friendliness and warmth, and your smile. Many people come to the building in distress and you treat them with such respect. There are also people out on the sidewalk in distress, and you've brought in Mobile Crisis to help them. The Board felt it was high time to recognize you for all you do.

Mr. Shipley: I've been coming into this building for almost six years. When I arrive, I see your smiling face; you're interacting with everyone who comes in the door. I appreciate that. It makes me feel welcome.

Unsung Hero Award
to Keith Turk
Day Porter, Buildings and Grounds

For being the heart and soul of 1380 Howard Street.
For knowing everybody in the building on a first name basis
and looking out for all of us with such care.
For being such a compassionate listener.
For your unfailing graciousness and depth of character.
You are a blessing in our lives!

Mr. Turk: I'd like to say thank you to everybody here. This is really something special to me. I appreciate people recognizing me here at 1380 Howard. I like what I do; I like people. I think we're all unsung heroes here.

Ms. Brooke: Charles Watson is the security person for the place nobody likes to go—the Department of Parking and Traffic—where people go to pay their parking tickets, down on the first floor of the mental health building. Charles encounters a lot of people who are in distress, not just coming to pay tickets.

An example of his effectiveness happened this past week. A man came to the 5th floor in great distress, and was not wearing pants. He was given a private room to sit in away from the lobby, and Mobile Crisis was called. Staff was concerned that he would not want to go down to the Mobile Crisis van. Charles very calmly and respectfully, stepped into the room and said in a matter of fact voice, "Hey, man, where's your pants? Come on, let's go get you some pants." Charles had just the right touch. The man trusted him instantly and went downstairs to the van and then on to the hospital. This is just one example of why we appreciate Charles.

Unsung Hero Award
to Charles Watson
Security Guard
Department of Traffic and Parking

For your unfailing kindness in working with people in serious distress
or in need of help.
For your remarkable calm in the midst of a crisis.
For your mastery of the art of human relations.
For your strong, reassuring presence day after day.
You are a blessing in our lives!

Mr. Watson: I'd like to thank the Board and everyone here. And if I'm ever needed for any kind of assistance, I'm always here for you.

Ms. Brooke: Gary has already left for his new job as Director of Children's Services for both the departments of mental health and human services in Fresno. So we presented his award to him on Monday.

Mr. Shipley: I got to know Gary through a program review at the Family Mosaic Project. He introduced me to a book on leadership. I bought it and read it and I can understand his leadership skills from reading that book. He's always gracious. We recognized him in last year's Annual Report. We're going to miss him very much.

Leadership Award
to Gary Zomalt
Former Executive Director
Family Mosaic Project

You turned around the Family Mosaic Project,
a challenged organization, and then you took it soaring.
You provided a new kind of leadership that nurtures leadership in others.
You gave young people who didn't believe in themselves, the challenge of leadership,
and they answered the call.
You inspired us all with your personal charisma and dedication.
We will miss you, but are so thankful to have spent these years with you!

3.0 Mental Health Budget

Ms. Rogers: When we started the San Francisco Mental Health Plan, we were given the responsibility of providing mental health services for 120,000 Medi-Cal beneficiaries Since then our challenge has been to figure out how to meet this challenge of serving so many people, while maintaining our resources.

Ms. Rogers then presented Powerpoint slides and discussed issues as follows:

SAN FRANCISCO MENTAL HEALTH PLAN
Started operations three and a half years ago in 1997.
Membership now includes:
  Medi-Cal beneficiaries—106,818 people
  Health Workers—5,200 people
  Health Families—3,500 people
  Indigent/Uninsured—about 100,000 people

MENTAL HEALTH COSTS IN THE DEPT. OF PUBLIC HEALTH
Total costs—$198.3 million
  Community Mental Health Services—$154.8 million (78%)
  SFGH Dept. of Psychiatry—$28.6 million (14%)
  SFGH Mental Health Rehabilitation Facility—$14.9 million (8%)

For adult services, 40% of our funding is in institutional care. For the system as a whole 27% is in institutional care. Savings from reduction in private hospital admissions will be redirected to case management and co-op housing.

DPH STRATEGIC PLAN GOALS

Expand access to mental health care.
Expand community based alternatives—decrease need for institutional care.
Improve integration of services for individuals who need multiple services.
Strengthen prevention activities.
Create and sustain community partnerships.
Maximize resources and strengthen infrastructure by investing in staff recruitment, retention, and training.

EXPANDING ACCESS

Engage clients where they are to address unmet need:
- $1.2 million single standard of care initiative—1308 treatment slots.
- $2.3 million AB 2034 MOST Team expansion—120 treatment and 55 housing slots.
- Asian/Pacific Islander Care grant
- Latino and refugee outreach

Increasing cultural competency as a strategy to address unmet need
- Cultural competency training
- Continuing to build language capacity into the private practitioner network

EXPAND COMMUNITY BASED ALTERNATIVES—DECREASE NEED FOR INSTITUTIONAL CARE

FY 00-01 collaboration with San Francisco General Hospital:
- Reduced admissions rate through PES from 41% in FY 99-00 to 37% in FY 00-01
- Maintained average length-of-stay of no more than 15 days.
- Place 18 individuals identified by Bridge Committee.
- Reduced utilization at private hospitals by 170 acute episodes from 1,328 in FY 99-00 to 1,158 in FY 00-01.

Increase intensive case management:
- $2.3 million AB 2034 integrated services for 120 homeless individuals (includes housing)
- $834,357 Project Impact for wrap-around services for 300 probation involved youth ages 14-28.
- Therapeutic Behavioral Services for 50 children/youth.

Establish continuum of community treatment beds:
- New Acute Diversion Unit—12 beds
- Broderick Street Residential Care—34 beds
- Seneca Community Treatment Facility—20 beds

IMPROVE INTEGRATION OF SERVICES

Collaboration with Substance Abuse Services:
- Dual diagnosis policy
- Needs assessment process
- Harm reduction forum
- Expand Mission model for dual diagnosis

Certify mental health clinics to provide substance abuse services and vice versa

Collaboration with Primary Care increased by $1.7 million annually as a result of:
- California Endowment and other grants
- Mayor and Board of Supervisors' Initiative to increase Children's Primary Care
- Consult-Liaison Service

STRENGTHEN PREVENTION ACTIVITIES
Child Care Mental Health Initiative
Pilipino Family Strengthening grant
Depression Screening
High School Wellness
Family Links phone line
Suicide prevention protocol

CREATE AND SUSTAIN PARTNERSHIPS WITH COMMUNITIES
Response to violence and other crises in communities:
- -- crisis counseling and debriefing
- -- activities in Western Addition and Bayview Hunters Point
- -- Family Involvement Team

Mental Health Plan Ombudsman and Consumer Council
Recovery principles

MAXIMIZE RESOURCES AND STRENGTHEN INFRASTRUCTURE
Invest in staff recruitment, retention, and training:
- Psychiatry residents
- Multicultural student stipends
- Training

SUMMARY OF CHALLENGES
Increasing access and prevention activities for large covered population, while still managing institutional risk for smaller severely mentally ill (SMI) and severely emotionally disturbed (SED) population.

Expanding continuum of community treatment bed alternatives to institutional care, despite high housing costs and barriers to siting new facilities.

Identifying/developing beds and sufficient case management for clients discharged from institutions with complex histories and problems.

Addressing unmet need by making access to treatment as broad and flexible as possible.

Recruiting, training and retaining culturally competent staff and providers.

San Francisco has a much higher percentage of ethnic minorities served than other counties in California.

There has been a 55% increase in the number of consumers participating in on-site paid vocational work, and a 23% increase in off-site work.

Ms. Traveler: There is a projected budget deficit. Which areas will the budget cut affect the most?

Ms. Rogers: We don't know the answer to that question yet, because the budget process is just getting underway. All of our programs are in the crosshairs.

Ms. Ruffin: The $2.1 million reduction discussed in my report is what is expected to come out of the community side of the pie, along with Substance Abuse Services. The Department in this fiscal year has to come up with $15 million in cuts, of which $2.3 million will come out of the Community Health division of DPH.

Ms. Brown: You were talking about getting more doctors, but isn't there a freeze right now.

Ms. Rogers: There isn't a freeze right now. The issue has not been getting positions opened up, it's finding doctors to hire. Dr. Cabaj and Dr. DeRainieri do national searches to try to find qualified people willing to work in our system.

Ms. Leung: What about the fee for the private practitioners, and how low it is?

Ms. Rogers: We have a network of private practitioners which includes doctors. In that network, we're fortunate to have a core group of physicians who have had a commitment to the mental health system, but that group is aging and retiring, and we have to recruit young physicians into the network.

We have raised the private practitioner rates, we're always watching in other counties to see if we're competitive. But that's definitely one of the issues that keep people from joining the network. Others say it's the paper work.

Mr. Stinson: I'm interested in trying to map the $198 million to the levels of the services as shown on the upside down pyramid. How much money is there at different levels?

Ms. Rogers: About 27% of the mental health budget of $198.3, is in the part of the triangle which includes psychiatric Emergency Services, SF General Hospital, long-term care, and Napa State Hospital. In the adult system, it's about 40% of the budget that's in those categories.

Most of the remaining 63% is in the middle categories of acute diversion, residential treatment, outpatient services, case management, and mobile crisis, with a much smaller amount in the categories of prevention and family/community support, vocational, and self-help.

Ms. Ruffin: Then there's also money in support services which are not seen in the triangle. A few years ago in the adult system, more than half the dollars were going to the high-end system, and that's now down to 40%. The money saved has gone into community-based services.

Ms. Traveler: Thanks for this presentation. It was so clear, precise, and on target.

Mr. Agar: I'd like to commend Louise, Bill, and Jo for an excellent presentation. It was impressive to see it presented to the Health Commission and to see the impact on them.

Ms. Ruffin: Thank you. Kudos for the Annual Report go to Louise, She put this together almost single handedly. Also I mentioned to the Board, Tim, that you were at the Health Commission presentation we did and were the representative of the MHB. We really appreciated that.

4.0 DIRECTORS REPORTS

4.1 Report of the Director of Community Mental Health Services

Ms. Ruffin reported as follows:

Budget Update. The projected budget deficit for the Department of Public Health for FY 2001-02 is $15 Million and $2.1 Million for PHP. To help deal with this deficit the Mayor's Office has instituted a selective hiring freeze on general fund positions and is not approving any upgrades for staff positions. The one-time add-back funds from the Board of Supervisors or the Mayor's Office will remain in the budget for this year but will not be in the base budget for next year. Planning for the FY 2002-03 budget will begin in the next few weeks. It is expected that the City will have a deficit for next year.

State Budget Update. The Department of Mental Health (DMH) has been asked to trim their budget for the FY 2001-02 and has chosen to do so by cutting their own Department support budget by 3.3%. A State hiring freeze is in place.

For next year, State Departments were asked to submit budgets with 3%, 5%, 10% and 15% decreases in State General Funds (SGF). There are 3 major categories funded with State General Fund (SGF) dollars that are in the DMH budget: State Hospital, DMH Infrastructure costs and Local Assistance. Most State money to Counties is not General Fund; it comes through the Realignment account and is funded through Sales Tax and Vehicle License Fees (VLF). It looks like the SGF used to cover behind the reduction in VLF is not in the DMH budget either. There are about $440 million in State General Fund dollars in Local Assistance to Counties in the areas of:

Child System of Care (mostly 377)	$ 40 million (est)
Adult System of Care (mostly AB34, AB2034 and 3777)	$100 million (est)
Managed Care Consolidation for inpatient private hospital and provider network	$204 million (est)
AB 3632 allocation (SB 90 reimbursement can not be cut unless court decision finds that the State has been paying inappropriately)	$ 12 million (est)
Support Housing - there is an RFP out now for this	$ 21 million

Healthy Families	$9 million (est)
Dual Diagnosis-this is for two grants just given with legislative support	$0.65 million
Smaller grants for AIDS support ($1.5 million); Caregiver support ($0.65 million) and IMD transition ($0.65 million)	$2.8 million
CalWorks	$50 million

The State General Fund budget which provides funds to access Federal Medi-Cal dollars for EPSDT is not in the DMH budget. It is in the Department of Health Services (DHS) budget. DHS would also be submitting budget proposals to the Governor which potentially could impact EPSDT dollars.

State Department of Mental Health Review of the Substance Abuse and Mental Health Services Administration (SAMHSA) Grant. There was a State review of our on-going SAMHSA block grant on October 30 through November 1, 2001. The State staff found that our use of the grant is very good, that it is well coordinated, and that we are serving the identified target population. They also commended us on our uniform chart organization. Thank you to Michele Friedman in Quality Management and Louise Rogers for managing the grant and coordinating the review.

Substance Abuse and Mental Health Services Administration (SAMHSA) Set-Aside. The State Department of Mental Health informed us that they have added approximately $685,000 to the San Francisco Mental Health SAMHSA Block Grant Allocation. Governor Davis assigned these dollars as a set-aside specifically to address dual-diagnosis issues. The County response is due to the State by November 16. As with all parts of the SAMHSA Block Grant, there must be documentation that the Mental Health Board has reviewed the response and that the Board of Supervisors has accepted the dollars. It is not necessary that these reviews occur by the November 15 submission date, but as soon thereafter as is possible given the scheduling of meetings for both groups.

Substance Abuse and Mental Health Services Administration (SAMHSA) Grant. Community Mental Health Services (CMHS), has been awarded a three-year SAMHSA grant for $1,200,000. The goals of the project are: 1) To develop and implement transgender specific and sensitive mental health services at a primary health care setting in order to meet the needs of MTF transgenders with co-occurring multiple problems; 2) To build service networks among a coalition of community collaborators, including health providers, consumers, and researchers, that can assure appropriate assessment, treatment, evaluation, information dissemination, and referral services for the targeted transgender community; and 3) To provide transgender sensitive and culturally competent outreach in the targeted communities through expansion of existing community outreach efforts to MTF transgenders.

The grant is entitled Transgender Life Care (TLC) and the Principal Investigator is Wayne Clark Ph.D. from CMHS. The project will be conducted by a coalition of the San Francisco Department of Public Health (SFDPH); the Castro Mission Health Center (CMHC), a community primary health clinic; Health Studies for People of Color (HSPC), Center for AIDS Prevention Studies (CAPS), University of California San

Francisco (UCSF); Walden House substance abuse treatment services; four AIDS Service Organizations (ASOs) providing transgender specific programs; and consumers.

Redirection of Funds. CMHS has reallocated $250,000 in FY 02-03 funding from institutional services to increase community alternatives (intensive case management, residential care and co-op housing). This reallocation is in line with our long term goal of minimizing institutional services and will make it possible to reduce lengths of stay in institutions and more easily re-integrate clients back into community settings.

Police Crisis Intervention Training. The SF Police Department, Community Mental Health Services, Jail Psychiatric Services, the Department of Public Health and advocates have implemented a 40-hour Police Crisis Intervention Training through a collaborative effort. This is a 40-hour training of approximately 30 police officers per session on intervening with the mentally ill. Key participants in the preparation and presentation of the training are Jo Robinson (Jail Health Services), Carolyn Kaufman (CMHS Mobile Crisis Treatment Team), Mike Arrajj (Crisis Resolution Team), Helynna Brooke (Mental Health Board), Sgt. Michael Sullivan (SFPD), and Officer Mike Cowhig (SFPD).

The first training session was held in May, 2001 and the second training was held the week of October 1, 2001. Four additional trainings are planned for next year. The trainings are being rigorously evaluated in terms of both the officers own initial evaluation of each training component and then again in a 3-month follow-up in terms of how useful they have found each component in their day-to-day work. The officers initial ratings for all the components were high for both for both the first and second sessions. The 3-month follow-up evaluation for the first session found that the ratings remained high for all the components, but also identified some areas for possible improvement.

Crisis Response Activities. We continue to be on alert for possible problems. DPH has issued a number of memos to the Department or the public concerning the threats. I am including one from Dr. Katz for your information. CMHS continues to respond to requests for information, training and critical incident stress Debriefing. The DPH website also has information about the Department's response. The website address is www.dph.sf.ca.us.

4.2 Report from the Executive Director of the Mental Health Board

Ms. Brooke: First, I want to introduce Rose Chung who is a staff person for Supervisor Aaron Peskin, who has been appointed to our Board.

The Annual Retreat this year will be focusing on the transition of Board leadership. And we'll be focusing on our goals and priorities for 2002.

Mr. Shipley: I want to recognize our Board member, April Martin Chartrand, who last Sunday, received the Unsung Hero Award, from the African American community in San Francisco.

Ms. Chartrand: That award is about community and my work on many different issues. And there are about five thousand people I have to thank. It's pretty humbling when your community says you're okay. Supervisor Sophie Maxwell came and presented me a certificate in person.

5.0 MENTAL HEALTH BOARD COMMITTEES

5.1 Report of the Chair of the Board and Executive Committee

RESOLUTION (MHB-2001-35):
Be it resolved that the Mental Health Board send a letter to Jo Ruffin, Director, Community Mental Health Services, stating that the Board has reviewed the federal SAMHSA grant for 2001/02, including additional funding of $685,821, as follows:

Dear Ms. Ruffin,

The Mental Health Board of San Francisco wishes to go on record as commending the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for providing an additional $685,821 of funding to Community Mental Health Services (CHMHS) in San Francisco for fiscal year 2001-2002.

The Board wishes to express its gratitude and appreciation to SAMHSA for focusing this funding on providing treatment services for dually-diagnosed clients. We have long believed that this is a population that needs much more attention.

This letter is to also certify that the Mental Health Board reviewed the CMHS proposal for the additional funding, including the budget, concept, and programmatic strategy of the proposal, and gave its full approval and strong support for this addition and for the full grant of $3,686,737 at its regularly scheduled meeting on Wednesday, November 14, 2001.

Sincerely,
Jim E. Beauford, Ph.D.
Chair

(Passed unanimously.)

5.2 Children's Committee

Dr. Beauford and Sai-Ling Chan-Sew had a very successful meeting with Deborah McKnight, Executive Director of Special Education for the School District. This has helped build our partnership with the District. They will be including Sai-Ling in the upcoming training they will be doing for their teachers. This is something the Children's Committee can be proud of.

5.3. Cultural Competency and Special Populations
Ms. Leung: The committee is relatively small, consisting of Alex, April, Dennis ,and myself. I asked April to share with us the challenges of the last 3-4 years, and for her recommendations for the Committee for the next year, and what we should focus on. She gave us lots of valuable recommendations.

5.4 Program and Services
Mr. Shipley: We're still following state legislation, especially AB 1421.

5.5 State Liaison
Mr. Shipley: We just completed two and a half days of a Client Forum, sponsored by the California Network of Mental Health Clients. I'm the First Vice President of the Network and played a key role in organizing the Forum. We had 298 consumers attend from throughout California. People told us it was the best Client Forum in the last five years. The focus was on getting back to the roots of self-help. The California Network was originally established as a self-help organization. We're setting up affiliated organizations around California to make us a stronger organization.

Since I'll be going off the Board in January, I will no longer be going to CALMHB Association meetings, unless I get the financial backing of this Board to go to those meetings. But I'll be here for every Board meeting for the next year.

Mr. Agar: I'd like to propose a motion.

> **RESOLUTION (MHB-2001-36): Be it resolved that the Mental Health Board of San Francisco commends Mickey Shipley on his appointment as First Vice President of the California Network of Mental Health Clients, on his leadership in organizing this year's Client Forum, and on his outstanding contributions to the Board as our State Liaison. (Passed unanimously.)**

6.0 PUBLIC COMMENT
No public comment was made.

There being no further business, the meeting was adjourned at 8:18 p.m.

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SAN FRANCISCO MENTAL HEALTH BOARD

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THE MENTAL HEALTH BOARD MEETING

For

Wednesday, December 12, 2001, is

CANCELLED.

Instead the Board held its Annual Retreat on Saturday, December 1, 2001. No action items were voted on at the Retreat.

Instead the Board priorities will be discussed and voted on at the Board's next regularly-scheduled meeting on:

WEDNESDAY, JANUARY 9, 2001, AT 6:30 P.M.

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SAN FRANCISCO MENTAL HEALTH BOARD

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PLEASE NOTE

The Mental Health Board will not vote on Action Items or Resolutions during the Annual Retreat. All issues that must be decided by a vote will be placed on the agenda for the Board meeting on Wednesday, January 9, 2002, which will be held in Room 537 at 1380 Howard Street.

For further questions about the Retreat, feel free to call the Mental Health Board office at 415-255-3474.

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MENTAL HEALTH BOARD
ANNUAL RETREAT
Saturday, December 1, 2001

Hotel Nikko
222 Mason Street

AGENDA

8:30 BREAKFAST

9:00 WELCOME & INTRODUCTIONS

9:15 STORIES FROM BOARD MEMBERS WHO ARE LEAVING
We'll ask our veteran Board members—Jim, Mickey, April, Lora, Peggy, and Tim—to tell us stories about their best moments on the Board, what they enjoyed most and what the biggest successes were. We'll also ask about the things they've learned personally from their Board service that they are thankful for.

10:15 THE PICTURE OF A SUCCESSFUL YEAR FOR THE BOARD
We'll look at the fundamental duties of the Board, so the members who are staying with the Board and leading it into the future will have a clear picture of the chronology for 2002.

10:30 BREAK

10:45 ASK THE EXPERTS—THE TRANSITION OF LEADERSHIP
Continuing Board members will have the opportunity to ask departing Board members for their best advice and wisdom on the key duties of the Board, to build expertise and confidence.

12:00 LUNCHEON IN THE ANZU RESTAURANT

1:00 FOCUS, FOCUS, FOCUS

The number one challenge of the Board over the years has been to stay focused on its priorities. Because our members have such good hearts and such big hearts, they want to be able to respond to all of the critical issues and challenges our mental health system is facing. But there are just too many issues and not enough time. So the hard part of being a Board member is making hard choices about priorities. At the same time, the more focused we are, the more powerful we can be, and the more fun it is to be a Board member.

2:30 BREAK

2:45 CONTINUING MEMBERS LOOK TO THE FUTURE

This will be a chance for continuing members to talk about what you personally would like to learn from your Board service.

> Do you want to learn networking, politics, legislation, or strategic thinking?
> Do you want to learn about clinical issues, program design, or staff recruitment?
> Do you want to learn public speaking or how to run effective meetings?
> Do you want to learn policy development, long-term planning, or how to make bureaucracies work?
> What else?

Board members give a lot to the work of the Board, and we want that work to give something back to the members, too. Departing Board members will be able to give valuable advice and guidance.

3:45 FINAL COMMENTS FOR THE DAY

This is time for everyone to give appreciations and to say whatever they need to say to be complete for the day.

4:00 ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) 5 days before the meeting. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in Room 537. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and the 72 Haight/Noriega. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. The main entrance to 1380 Howard is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Alley which runs on the opposite side of the building from 10th Street.

4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

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Sunshine Ordinance Task Force
City Hall, Room 244
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San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

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To view Mental Health Board agendas and minutes, you may visit the MHB web page at: **www.ci.sf.ca.us/mental_health**. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

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Telephone (415) 554-9510
Fax: (415) 703-0121
Website: **www.ci.sf.ca.us/ethics**

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UNADOPTED MINUTES
Mental Health Board
Saturday, December 1, 2001
1380 Howard Street, Room 537
San Francisco, CA 94103
9:00 a.m.

BOARD MEMBERS PRESENT: Jim Beauford, Ph.D. (Chair); Bridgett Brown; April Martin Chartrand; Bob Douglas; Peggy Gilleran, J.D. (by speakerphone); Alex Kitzes, Ph.D.; Carol Knight; Andrea Leung, L.C.S.W., A.C.S.W.; Rose Chung for Supervisor Aaron Peskin; Mickey Shipley; Ted Stinson; Lora Traveler; Chet Villalba; Kate Walker; Dennis Yun.

BOARD MEMBERS ON LEAVE: Tim Agar; Pat Harrison.

BOARD MEMBERS ABSENT: none.

OTHERS PRESENT: Jo Ruffin (CMHS Director); Helynna Brooke (MHB Executive Director); Rich Snowdon (MHB Administrator)

NOTE: The Mental Health Board usually holds its Annual Retreat on a Saturday in December. This year the Annual Retreat was held on Saturday, December 1, 2001, in place of the regular Board meeting which would have been held on Wednesday, December 12, 2001.

The Board does not vote on any action items at its Annual Retreat. Instead it brings all issues which require a vote to the next regularly scheduled Board meeting for discussion, public comment, and a vote. The next Mental Health Board meeting will be held on January 9th, 2002, on the 5th floor at 1380 Howard Street, from 6:30 to 8:30.

What follows are the minutes from the Annual Retreat regarding the priorities for the Board for 2002.

Mr. Shipley: We are facing an extreme cut in mental health funding from the state and the city. Those cuts hopefully will not affect the quality of care and the services mental health clients will receive. But CMHS is going to have to cut. One of the duties of the MHB is to make sure the quality of services does not suffer.

One recommendation is to keep an eye on the budget. The mayor will change during your tenure, and possibly some of the supervisors.

Another focus would be on the consequences of the events of September 11th, such as trauma, stress, and PTSD.

Mr. Douglas: What happened to the 5150 reform proposals in the state legislature? I think it's obvious we need to keep an eye on that. I've read enough to know that it's important.

Mickey is right we need to keep an eye on the budget. I don't know if it's possible to cut a budget without cutting services.

The thing which is my pet project, involves mental health and the homeless. I'm really interested in how we're serving the homeless. We had to figure out which people would be hurt most by the cuts. If we do have to cut back services, the people who are most needy are least likely to know how to deal with the system. So if we are cutting back are we cutting back the least in need who can find other help or are we cutting back on the most needy?

Mr. Villalba: The Board needs to think out of the box. I hope you'll revisit the structure of the Committees, and develop more specific subjects and focus.

It always seems that money is one of the last things we talk about, but I recommend that we focus on monitoring the budget, finances, and the impact on mental health. What's being spent and how it's being spent is part of the responsibility for this Board.

Dr. Kitzes: I'd like to recommend a focus on immigration and outreach.

When we're talking about mental health goals, that's a big subject, because it needs to be individualized for each client and family. A goal could be to clarify what mental health can do in working with particular groups, doing a needs assessment for different groups, and making sure that the goals that are set for people are tied to their needs.

Ms. Brown: I was interested in transition age youth. When young people turn 18 a lot of their services get cut. I would like to focus on that.

Ms. Chartrand: I was in a forum on terrorism a couple weeks ago. San Francisco is gearing up to be ready for future terrorism. Even with the budget cuts, there's a major, major gear up for the city and county regarding emergency services and the fallout from 9/11. A lot of mental health issues have come up because of 9/11.

Dr. Beauford: What's come up in several of the comments is a focus of being aware of what the political and social climate is currently as well as where it's going. It's a good strategy to dovetail your ideas and what you can do with what's going on politically or socially.

Ms. Traveler: I'd like to recommend a focus on mobile crisis services—knowing how important they are to consumers and family members.

Mr. Douglas: I'm hearing that there are three big areas 1) budget, 2) program and services, and 3) legal issues. Committees could be in these areas.

Dr. Kitzes: Could we increase our availability to the community so we could be a sounding board on their behalf.

Ms. Leung: Are you talking about PR or each of us or by the committees? We could help extend awareness of mental health.

Mr. Stinson had to leave early for a funeral, but left the following list of recommendations for priorities:

A. Areas of interest for 2002

1. Continuing and expanding the successes of the Police Crisis Intervention Training.
2. Consumers developing vocational skills to facilitate transition into stability within the community.

B. Objectives for the Board for 2002
Focus on a small number of issues (1 or 2). At some level, focusing on an issues is more important than what that issue is.

Criteria for selecting an issue:
--critical unmet need (such as housing)
--the Board can have a significant impact, despite limited resources (for example, the Police Crisis Intervention Training.)

C. Additional focus on specific action items for Board members to take up during and after the meeting. For example:
--letters to supervisors, media, others
--meetings with the above, and program directors, community leaders, consumers.
--research analysis to be completed.
--networking opportunities

Dr. Beauford: The most difficult part of the process is trying to achieve consensus. It's good to do our homework, find out what is already on the table, or if someone else is already doing something on this issue, and perhaps partner with another group or agency.

Ms. Leung: In our November Cultural Competency and Special Populations Committee meeting, April was saying the follow up of any goal is a challenge. Maybe committees can work together to make sure our goals are possible to achieve.

Ms. Traveler: I'd recommend scheduling visits to programs. That was very helpful for me. Mickey has always been very helpful in bringing in the state legislation.

Mr. Villalba: It seems to me anything we talk about in terms of services and programs should always look at cultural competency issues. I'd recommend that you always have a cultural competency focus on all issues on all committees all the time.

Dr. Kitzes: Perhaps we can create a credo of points we all agree on.

Ms. Knight: Mental illness is included in the Americans with Disabilities Act. Being an employee of the City and County of San Francisco, in the real world, mental illness is not treated the same way as other disabilities. There are lots of disabilities in my family. There is much more for people with physical disabilities than mental health disabilities. People are left out in limbo. It's important to educate and find out why employers are treating their employees with mental illness differently than people with physical disabilities. I see mentally-ill people laid off by the City and I think that's so unfair. There's a lot of talent among those people with mental illness. And working is good for them in terms of their self-esteem. This doesn't take funding;, it takes advocacy, and someone to speak out.

As a family member, I've been hurt. I've seen a lot things that are not right.

Ms. Leung: If we want to be recognized, where are we going to advertise ourselves?

Ms. Brooke: Supervisor Ammiano has a regular cable show on current issues. The Mayor has a regular show. These are opportunities for putting the word out and letting the public know that we are here.

Ms. Leung: We need support from the public. What level of publicity do we need to make ourselves known and recognized?

Mr. Douglas: Could we get our meetings televised on cable?

Ms. Traveler: We are the ambassadors for mental health in our daily lives.

Mr. Shipley: A personal goal I set for myself is to build networking skills and build collaborations with other Boards, commissions, and groups within San Francisco, addressing different issues we're interested in.

Mr. Yun: We need to be doing more education and outreach into communities of people who suffer from mental illness. This will allow us to work together and advocate for more funding.

We could also focus on the Wellness and Recovery Model. We live in a society with a lot of stigma against the mentally ill. There is the point of view that once you are mentally ill your life is over and you can't recover. But people can go back to school, get an education, start a career, fulfill their dreams, and accomplish what they want to accomplish.

Dr. Beauford: Hearing all of these comments, I'd like to recommend the following three areas of focus for the Board for 2002:

1) **The consequences and aftermath of September 11th.**

   Including: Trauma and other mental health issues, demand for services, access to the system, quality of services, the Wellness and Recovery Model, immigration, and transition services.

2) Advocacy

Including: Meeting with supervisors, writing letters, networking, partnering with Community Mental Health Services, the Americans with Disabilities Act, and responding to legislative issues.

3) The City budget for mental health services.

Including: Monitoring the development of the budget, anticipating cuts and planning strategies for responding, working closely with CMHS, helping consumers deal with the changes.

Ms. Traveler: Legislative issues might be number 4. I feel like that's very important.

Ms. Walker: I second that.

Ms. Brooke: It's worked well to have a person on the Board who focuses on legislation and brings it to the group.

Dr. Beauford: Mickey has been the State Liaison, but now we have two new members who are interested in following legislation, Kate and Bob.

Mr. Villalba: One of the things we always need to consider is family experiences. Sometimes as we discuss issues, we leave the family out of the picture, and sometimes that has a plus and sometimes has a minus. But to always keep in mind the family issues, I think that needs to be a subset of everything you discuss.

Dr. Beauford: These priorities aren't set in stone. You may come up with new ones over the holidays. September 11th is affecting everything in terms of mental health services. I strongly recommend having outcomes. We want outcomes from all this. And the Board has been pretty good at coming up with outcomes.

Ms. Ruffin: I think you're more organized than you think you are. I guess I see the Board as having two main functions: 1) Reviewing, and 2) Doing.

Your core functions are written in the legislation, you have reviewing responsibilities, and there are a lot of issues under September 11th.

It's okay to step back and take some time to orient yourself to what is in the system. The reviewing part of your mandate requires that you are familiar enough with services to be able to advise the Board of Supervisors and the Mental Health Director.

The doing part of your mandate fits with advocacy in a broad way, how to do PR, how to counter stigma, and how to do networking.

I will be glad, in my Director's reports at your meetings, to continue providing an ongoing orientation to the system.

The advocacy training and the PR work is something that is uniquely yours. You are in the best position to do these things. I think you have been doing this really, really, well. And now you just need to keep building on your successes.

Dr. Beauford: I want to say to the continuing Board members, the priorities we've come up with today are something to feast on, then you will make them your own after the during the new year.

We who are leaving the Board have no doubt that you will continue on with the work of the Board very successfully. There is no question in our minds. We look forward to hearing wonderful things from the Board in the years to come.

Whatever nervousness you're feeling now is normal. I was very uncomfortable when I first started coming to meetings. But gradually you gain your footing. Feel free to ask lots of questions. That's the quickest way to gain knowledge. We wish you the best!

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